



**Supports and Training for
Employing People
Successfully**

STEPS

Program Policy Manual



Kansas Department of Health and Environment
Division of Health Care Finance
Working Healthy Program
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This manual and all of the STEPS forms are available online at:
<https://kancare.ks.gov/consumers/working-healthy/steps>

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Supports and Training for Employing People Successfully (STEPS)

1. Overview

STEPS is a voluntary work incentive program operating within the Kansas Medicaid program (KanCare). STEPS is designed to provide individualized employment and independent living supports for Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) beneficiaries who meet program eligibility criteria. STEPS purpose is to provide services designed to support competitive integrated employment (CIE) and independent living support that result in successful employment and independent living outcomes.

2. Administration

The Kansas Department of Health and Environment (KDHE) Division of Health Care Finance (DHCF) is responsible for the administration and management of STEPS. KDHE/DHCF is the single Medicaid State agency.

3. Target Populations

STEPS is intended for individuals that meet functional eligibility criteria that are eligible for SSI and individuals with behavioral health conditions that are eligible for SSI or SSDI who need these services to obtain and maintain employment and independent living skills. Specific criteria are listed under Eligibility. Members in STEPS will not be eligible for HCBS waivers or duplicative State Plan services. Instead, they will receive individualized services designed to support employment and independent living in the community.

4. Quality Assurance

The STEPS program has a responsibility to members, service providers, and other stakeholders to ensure best practices and high standards throughout all aspects of the program. STEPS strives to achieve and maintain a high standard of quality, ensure compliance to relevant statutory requirements, maximize customer satisfaction, minimize financial crime, such as Medicaid fraud, and reducing harm to members in the form of Abuse, Neglect, and Exploitation. STEPS promises to maintain the highest standard of governance, ethics, compliance with laws and regulations, and fair and open dealings with members, service providers, MCOs, and other stakeholders.

5. Benefits Planning

Benefits planning, provided by one of DHCF's eight (8) certified Benefits Specialists, will be provided prior to enrollment into STEPS. Benefits Specialists assist individuals to understand the impact that employment may have on the benefits they are receiving, such as cash (SSI/SSDI), Medicaid, housing, food, and energy assistance. Benefit Specialists can help individuals to explore and utilize work

incentives, develop a plan to transition to more frequent paid work thereby increasing income and promote greater independence benefits planning helps by:

- reducing uncertainty about how benefits are impacted by paid employment;
- providing information that allows individuals to make an educated choice regarding whether to work and potentially achieve their full work potential;
- decrease concerns regarding the loss of medical assistance.

The DHCN Benefits Specialists will determine whether individuals are interested in participating in STEPS and notify the STEPS Program Manager if they want to enroll.

6. Employment Requirements

To receive services via STEPS, members must be able to achieve and maintain a minimum of 40 hours of employment per month in a competitive integrated setting, at or above the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The member's employer must be paying at least the federal hourly minimum wage with Federal Insurance Contributions Act (FICA) withheld. Self-Employment, or employment in a sheltered workshop or other congregate setting, does not constitute employment for purposes of STEPS.

7. Needs Assessment

The State will use a standardized assessment process to determine eligibility for STEPS services and recommend personal assistance services, transportation, pre-vocational services, and independent living skills training. The specific curriculum for pre-vocational services, independent living skills training, and supported employment services will be determined by the provider of these services. An individual's service eligibility will be reassessed at least annually or more frequently depending on necessity or at the member's request.

8. Safety Net

STEPS will operate with the following provisions:

- Members who choose to participate in STEPS and are currently on a waiver waitlist will remain on the waiting list and advance based on the date they were added.
- Members who are offered HCBS waiver services while participating in STEPS are free to choose between STEPS or the HCBS Waiver. If they choose STEPS, they will be considered eligible for the waiver if they choose to disenroll from STEPS.
- Members on an HCBS waiver that leave the waiver to participate in STEPS will have the option of returning to that waiver if they choose to disenroll from STEPS.

I. ELIGIBILITY

A. Disability Eligibility

KanCare Members ages 16 through 64 who meet the following criteria are eligible for STEPS:

1. Members with any of the following behavioral health primary diagnoses and who are eligible for SSI or SSDI benefits and need support to live and work in the community:
 - Schizophrenia;
 - Bipolar and major depression;
 - Delusional disorders;
 - Personality disorders;
 - Psychosis not otherwise specified;
 - Obsessive-compulsive disorder;
 - Post-traumatic stress disorder; or
 - Substance use disorder (SUD) or co-occurring SUD.
2. SSI beneficiaries currently enrolled in Medicaid and meet functional criteria for HCBS Intellectual/Developmental Disability (I/DD), Physical Disability (PD), or Brain Injury waivers or waiting lists.
3. SSI beneficiaries who are on the I/DD, PD or BI waivers, willing to leave their HCBS waiver and wanting to participate in STEPS.

B. Financial Eligibility

Members may be eligible for STEPS depending on the financial criteria specified below. Some members may also be required to pay a cost share.

1. Individuals with the behavioral health diagnoses listed above who are SSI eligible. There will be no cost share for these members.
2. Individuals who are SSI eligible for the I/DD, PD or BI waiver waiting lists. There will be no cost share for these members.
3. Individuals who are SSI beneficiaries, receiving services on the I/DD, PD or BI waivers and choose to leave their waiver to participate in STEPS. There will be no cost share for these members.*
4. Individuals with a behavioral health diagnosis and who have been determined disabled according to Social Security criteria (e.g., SSDI or Railroad Retirement disability recipients).
5. To be financially eligible individuals may have:
 - income up to 300% of current Federal Poverty Level (FPL).
 - resources up to \$15,000 for an individual or for a couple.

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- Individuals with income up to 225% of FPL will not have a cost share. Members with income at or exceeding 226% of FPL will be subject to a premium that is consistent with the Kansas Working Healthy program.
- Premium billing statements will indicate they are for the Working Healthy Program

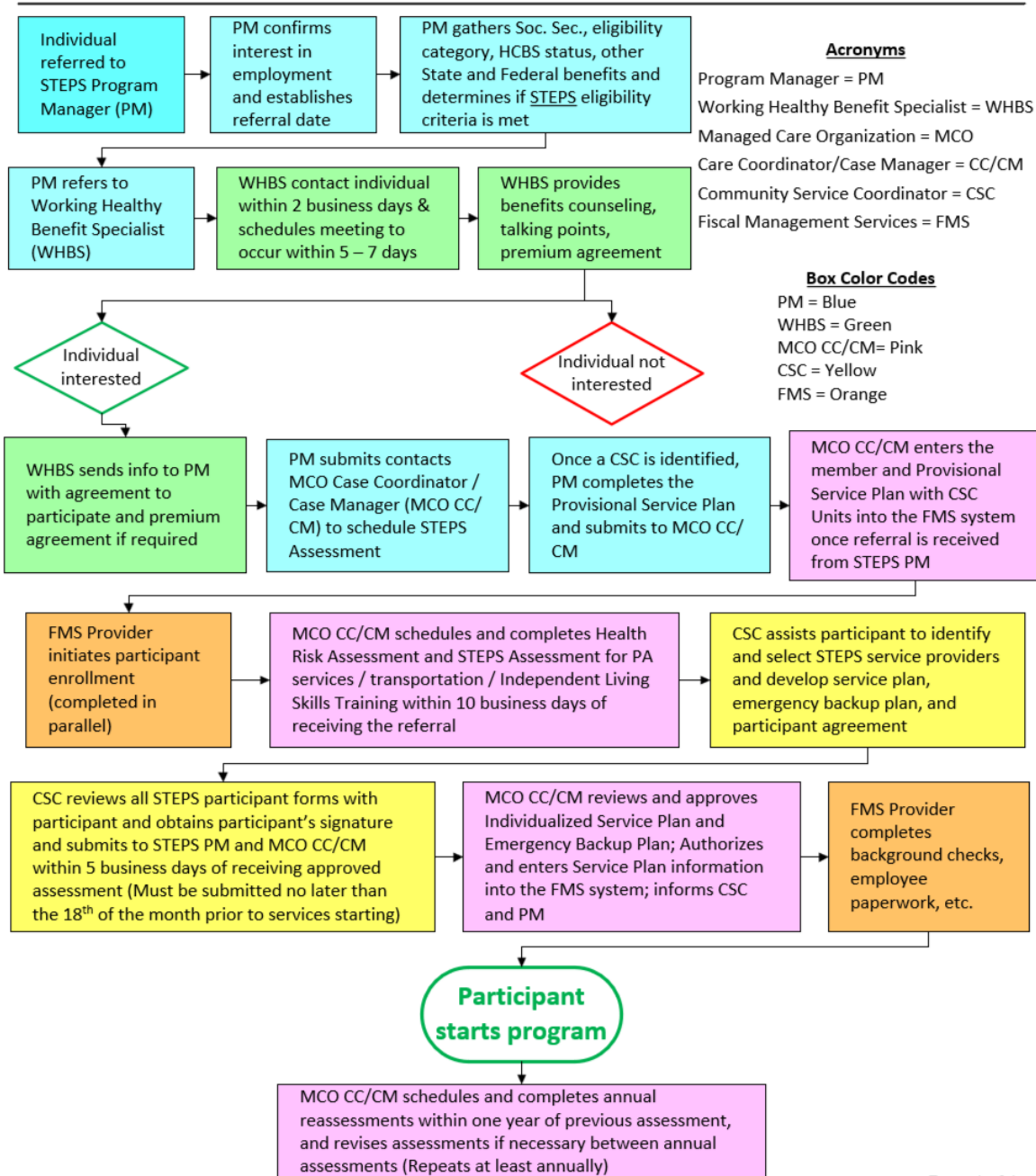
* Individuals who are currently employed, SSDI eligible on the I/DD, PD, or BI waivers, and willing to leave the waiver are Working Healthy eligible and can receive similar support services through the WORK program.

II. ENROLLMENT

A. Member Enrollment

STEPS ENROLLMENT PROCESS

Rev. 9/12/2023



B. Provider Enrollment

To provide Assistive Services, Agency-Directed Personal Assistance, Community Service Coordination, Independent Living Skills Training, Prevocational Training, Supported Employment and Transportation by an agency all service providers must be enrolled as a Kansas Medical Assistance Provider (KMAP) and contracting with the member's MCO in order to provide services and receive payment. If the provider meets the requirements, the Program Manager or Provider Liaison will notify the FMS provider. Providers should then follow the enrollment process provided by the FMS.

Providing fraudulent information when submitting a request for Medicaid payments is considered Medicaid fraud and abuse and will be reported to the Office of the Kansas Attorney General, Medicaid Fraud and Abuse Unit.

Self-Directed Personal Assistance providers do not require screening by the Program Manager; however, they must meet all requirements as outlined in the STEPS Policy Manual and pass all required background checks. They will enroll using the process provided by the FMS.

III. ASSESSMENT PROCESS

Assessment of the need for STEPS services is performed in members' homes by MCO Care Coordinators/Case Managers (CC/CMs). During this process, members are assessed for their need for personal assistance, either hands-on or cued/prompted, based on documented disability, behavioral health, and/or medical condition. Re-assessments are performed at least annually. Members may request a re-assessment at any time if they experience changes in their physical condition(s). The STEPS Program Manager and/or MCO CC/CM may also request a new assessment at any time.

A. Activities of Daily Living and Instrumental Activities of Daily Living

MCO CC/CMs will assess the need for assistance with Activities of Daily Living, Instrumental Activities of Daily Living and conduct a Risk Assessment. ADLs include bathing, grooming, toileting, transferring, feeding, mobility and health maintenance activities such as monitoring vital signs, supervising and/or training others on nursing procedures, ostomy care, catheter care, enteral nutrition, assistance with or administering medicines and wound care when delegated by a physician or registered nurse in accordance with K.S.A. 65-6201 (b)(2)(A). IADLs include housecleaning, laundry, meal preparation, money management, lawn care/snow removal.

Members with physical disabilities or co-occurring physical disabilities must demonstrate a need for physical assistance with ADLs to receive STEPS services. Members with intellectual/developmental disabilities or brain injury disabilities must demonstrate a need for physical assistance, and/or cuing/prompting, to perform ADLs and IADLs. Members with behavioral health conditions will need to meet the same functional criteria as individuals with PD, I/DD, or BI for services to be eligible for PAS services. All qualifying members must demonstrate a support need for at least 2 ADLs in order to receive PAS services.

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During assessments, each ADL and IADL will be assessed separately to determine the following:

1. Is the member able to perform this all elements of a task independently?
2. How much time does it require for the member to perform each task independently?
3. Does the member need assistance but currently use unpaid natural supports to perform the task?
4. If natural supports are provided, describe the nature of the natural supports.
5. Does the member need physical assistance to perform the task, and the amount of time this assistance requires?
6. Does the member require cuing and prompting to perform the task, and the amount of time this requires?
7. Does the member require assistance at night?
8. Is there an informal support provider* residing in the home?
9. Is the expressed need for assistance consistent with the disability and/or medical condition(s)?

Members and service providers providing fraudulent information regarding their personal needs when submitting a request for Medicaid funding of personal assistance services is considered Medicaid fraud and abuse and will be reported to the Office of the Kansas Attorney General, Medicaid Fraud Control Unit (MFCU). Falsifying the needs for services will also result in removal from the program.

B. Risk Assessment

MCO CCs/CMs will assess members home environment to determine whether any health or environmental risks are present, including:

- home and neighborhood safety
- presence of safety equipment such as carbon monoxide detectors, smoke detectors, and fire extinguishers
- functioning utilities
- emergency egress
- abuse, neglect and/or exploitation issues

C. Limitations

Members who reside with an informal support provider, or a person with whom they have a significant relationship, cannot receive personal assistance services for IADLs. *An informal support provider is defined as a person(s) living with a member(s) with whom they have a significant relationship, e.g., spouses, parents, siblings, or children 18 years and older.

Significant relationships include boy/girlfriend, fiancé, partner, and divorced spouse. The informal support provider policy applies whether the residence in which the member reside is the legal address of the family member or significant other.

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Assistance with IADLs including house cleaning, lawn-mowing, and snow removal are divided when members live with a roommate or roommates, even if the residence in which they reside in not the legal residence of the roommate(s).

Paid providers of personal care services, including family members, are not permitted to weigh in or respond to questions during the assessment.

IV. STEPS SERVICES

STEPS Services may only be furnished to a member to the extent that they are not being utilized as vocational rehabilitation services funded under the Rehabilitation Act of 1973. When a state covers prevocational and/or supported employment services in a waiver, the waiver service definition of each service must specifically provide that the services do not include services that are available under the Rehabilitation Act (or, in the case of youth, under the provisions of the IDEA) as well as describe how the State will determine that such services are not available to the member before authorizing their provision as a waiver service.

Funding for STEPS services can also be braided or sequenced with other resources (except HCBS) to provide members greater flexibility and increased options for services. For example, a STEPS member may receive their employment supports from another entity such as Vocational Rehabilitation (VR) while also receiving personal assistance services through STEPS. Braiding occurs when multiple funding streams, separately and **simultaneously**, provide specific services that support an individual with a disability in pursuing, obtaining, or maintaining CIE while retaining the ability to track and account for funds separately. Sequencing occurs when multiple funding streams, separately and **consecutively**, provide specific services that support an individual with a disability in pursuing, obtaining, or maintaining CIE. See Appendix F for examples of braiding and sequencing.

A. Services, Descriptions, Maximums, Rates

Service	Description	Maximum	Rate
Pre-Vocational Services <i>Service Code:</i> <i>T2047 U3</i> <u>Provider Type 55 (HCBS):</u> <ul style="list-style-type: none"> • 363 - Personal Care Services • 365 - Supportive Home Care • 366 - Enhanced Care Services 	Pre-Vocational Services, using a person-centered planning tool, are designed to lead to competitive integrated employment by assisting members to determine individualized vocational goals, develop or re-establish employment related skills, and participate in internships or work experiences. Pre-vocational Services should only include activities that are not primarily directed at teaching skills to perform a particular job, but at underlying habilitative goals. Person-centered planning tools provide practical strategies for gathering meaningful information and facilitating conversations about goal setting, problem solving, and action planning. This process ensures that focus remains on the perspectives of individuals affected by the issue or outcome. Pre-Vocational Services are documented in members' person-centered STEPS	34 hours	\$40 per hour 1 unit = 1 hour

Service	Description	Maximum	Rate
<ul style="list-style-type: none"> • 367 - Personal Services • 368 - Enhanced Care Services I/DD • 369 - Supported Employment Services-IDD • 370 - Personal Care Services 	<p>Service Plans. Pre-Vocational Services are intended to be short-term services. Members and their providers must establish goals, and document progress toward achieving these goals. Providers will be asked to provide their Pre-Vocational curriculum for the STEPS Program Manager to review. All providers must be approved by the Program Manager.</p> <p>Pre-Vocational Services cannot be provided when members are receiving these services from other Federal/State entities, e.g., Vocational Rehabilitation, while enrolled in STEPS. STEPS providers are responsible for informing the STEPS Program Manager if they are providing the same or similar services funded by another federal/state entity, such as Vocational Rehabilitation. STEPS members and their Community Service Coordinators are also responsible for informing the STEPS Program Manager if there is duplication of services funded by another entity. However, funding and services may be braided or sequenced to allow for greater flexibility and increased options for services for members (HCBS waivers excluded).</p>		
<p><u>Provider Type 56 (WORK):</u></p> <ul style="list-style-type: none"> • 526 - Assistive Services 			
	<p>Billable Services</p> <p><u>Career Exploration</u></p> <ul style="list-style-type: none"> • interviewing member, family members and support network to determine desired outcomes; • identifying member’s strengths, interests, abilities, aptitudes, and learning styles; • assisting members to identify interests and skills in order to facilitate a job/career of choice in their community; • participating in employment-focused community-based situational work assessments, vocational theme exploration, job shadowing or informational visits to work sites to determine compatibility, likes and dislikes; • assisting with resume development; • assisting to develop interview skills. <p><u>Work-Related Skills</u></p> <ul style="list-style-type: none"> • training on skills necessary to obtain and retain employment including punctuality, attendance, appropriate work attire, and appropriate work interactions and behaviors. 		

Service	Description	Maximum	Rate
	<p><u>Work Experience</u></p> <ul style="list-style-type: none"> participating in integrated community-based internship programs or similar work experience. <p>Providers KMAP enrolled Community Developmental Disability Organizations (CDDOs), CDDO Affiliates, Community Mental Health Centers (CMHCs), CMHC Affiliates, Centers for Independent Living (CILs), accredited Clubhouse Models, KS Workforce Centers, Brain Injury HCBS providers, and religious-based organizations such as Catholic Charities or Jewish Vocational Services. All providers must be approved by the STEPS Program Manager.</p> <p>Provider Qualifications</p> <ul style="list-style-type: none"> employee of one of the above listed providers; experience providing pre-vocational services for individuals with disabilities. <p>Restrictions Pre-Vocational Training:</p> <ul style="list-style-type: none"> does not include work experiences in segregated/sheltered settings; does not include assistance to establish a small business or self-employment; does not cover wages or Worker’s Compensation insurance while a member is on a job tryout; cannot be provided by family members, relatives, representatives, conservators, guardians, or those with Power of Attorney for members. 		
<p>Independent Living Skills Training <i>Service Code: H2014 U3</i> Provider Type 55 (HCBS):</p> <ul style="list-style-type: none"> 363 - Personal Care Services 370 - Personal Care Services <p>-----</p>	<p>Independent Living Skills (ILS) Training is designed to improve a member’s ability to live as independently as possible at home and in the community using existing community resources. The provision of ILS Training may reduce or eliminate the need for Personal Assistance Services and/or Transportation. Members and their providers must establish goals, and providers must document progress toward achieving these goals and communicate progress or concerns to members’ Community Services Coordinators. ILS Training is intended to be a short-term service. Providers will be asked to provide their Independent Living Skills curriculum for the State to review. All providers must be approved by the STEPS Program Manager.</p>	<p>34 hours</p>	<p>\$32 per hour</p> <p>1 unit = 1 hour</p>

Service	Description	Maximum	Rate
<p><u>Provider Type 56 (WORK):</u></p> <ul style="list-style-type: none"> • 506 - ILC • 526 - Assistive Services 	<p>ILS Training cannot be provided when members are receiving these services from other Federal/State entities, e.g., Vocational Rehabilitation, while enrolled in STEPS. STEPS providers are responsible for informing the STEPS Program Manager if they are providing the same or similar services funded by another federal/state entity, such as Vocational Rehabilitation. STEPS members and their Community Service Coordinators are also responsible for informing the STEPS Program Manager if there is duplication of services funded by another entity. However, funding and services may be braided or sequenced to allow for greater flexibility and increased options for services for members (HCBS waivers excluded).</p> <p>Billable Services</p> <p>Assistance to develop the skills necessary to perform the following as independently as possible:</p> <ul style="list-style-type: none"> • personal hygiene – bathing, brushing teeth, dressing, and choosing clothes appropriate for the season and for work; • household management – meal planning, cooking skills, cleaning and laundry skills, household safety; • money management – budgeting skills, comparison shopping, managing checking or savings accounts, banking; • medication management – re-filling prescriptions, setting up medications, taking medications at the prescribed time; • organizational skills – scheduling appointments, alternatives for memory loss, creative problem-solving; • locating transportation options and utilizing community transportation independently. <p>Providers</p> <p>KMAP enrolled Community Developmental Disability Organizations (CDDOs), CDDO Affiliates, Community Mental Health Centers (CMHCs), CMHC Affiliates, Centers for Independent Living (CILs), Accredited Clubhouse Models, KS Workforce Centers, Brain Injury HCBS providers and religious based organizations. All providers must be approved by the STEPS Program Manager.</p> <p>Provider Qualifications</p> <ul style="list-style-type: none"> • employee of one of the above listed providers; 		

Service	Description	Maximum	Rate
	<ul style="list-style-type: none"> experience providing independent living skills training for individuals with disabilities. <p>Restrictions ILS Training cannot be provided by family members, relatives, representatives, conservators, guardians, or those with Power of Attorney for members.</p>		
<p>Transportation Services <i>Service Code:</i> T2003 U3 Provider Type 26 (Transportation Provider):</p> <ul style="list-style-type: none"> 263 - Taxi 264 - Common Carrier (ambulatory) 265 - Common Carrier (non-ambulatory) 267 - Driver <p>----- Provider Type 55 (HCBS):</p> <ul style="list-style-type: none"> 363 - Personal Care Services 365 - Supportive Home Care 366 - Enhanced Care Services 367 - Personal Services 368 - Enhanced Care Services I/DD 369 - Supported Employment Services-IDD 	<p>Transportation to and from job interviews, work, and essential locations such as grocery stores and banks.</p> <p>Transportation to and from medical appointments is considered Non-Emergency Medical Transportation (NEMT) and must be obtained from members MCO transportation contractors.</p> <p>Transportation cannot be provided while receiving transportation services from other Federal/State entities, e.g., Vocational Rehabilitation, while enrolled in STEPS. STEPS providers are responsible for informing the STEPS Program Manager if they are providing the same or similar services funded by another federal/state entity, such as Vocational Rehabilitation. STEPS members and their Community Service Coordinators are also responsible for informing the STEPS Program Manager if there is duplication of services funded by another entity. However, funding and services may be braided or sequenced to allow for greater flexibility and increased options for services for members (HCBS waivers excluded).</p> <p>Billable Services</p> <ul style="list-style-type: none"> transportation for job interviews; transportation to and from work, grocery shopping and banking. <p>Providers KMAP enrolled providers or personal assistants or other individuals selected by members, agencies or companies providing specialized transportation, companies that provide non-specialized transportation such as buses, taxis, Uber, etc.</p> <p>Provider Qualifications</p> <ul style="list-style-type: none"> driver’s license; employee of one of the transportation companies listed above; 	<p>Up to 10 hours per week</p>	<p>Calculated at \$15 per hour</p> <p>Billing type determined by which option the member chooses to use</p>

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Service	Description	Maximum	Rate
<ul style="list-style-type: none"> 370 - Personal Care Services <p>-----</p> <p>Provider Type 05 (Home Health Agency):</p> <ul style="list-style-type: none"> 557 - Personal Care Services (Agency-Directed) <p>-----</p> <p>Provider Type 56 (WORK):</p> <ul style="list-style-type: none"> 526 - Assistive Services 	<ul style="list-style-type: none"> personal assistants or other individuals providing this service must have a review of their driving record. <p>Restrictions</p> <p>Transportation does not include:</p> <ul style="list-style-type: none"> Non-Emergency Medical Transportation (NEMT); paying PAs to provide non-emergency medical transportation (NEMT); going to and from leisure time or religious activities; support if a member has an unrestricted driver's license; transportation required to perform job responsibilities, as this is the responsibility of members employers; purchase of a vehicle, replacing tires, gas or vehicle repairs. 		
<p>Supported Employment <i>Service Code: H2023 U3</i></p> <p>Provider Type 55 (HCBS):</p> <ul style="list-style-type: none"> 369 - Supported Employment Services-IDD <p>-----</p> <p>Provider Type 11 (Mental Health Provider):</p> <ul style="list-style-type: none"> 111 - CMHC 121 - CCBHC 122 - Affiliate (Non-CMHC) <p>-----</p> <p>Provider Type 56 (WORK):</p> <ul style="list-style-type: none"> 526 - Assistive Services 	<p>Supported Employment includes a number of services which assist members in obtaining and maintaining employment, including developing relationships with community employers, coordinating with members, family, Community Service Coordinator and the Pre-Vocational Services provider to determine members interests and skills, assisting members to locate employment, determining and requesting needed job accommodations, collaborating with Community Service Coordinators to determine when one-on-one assistance should be decreased or eliminated, trouble-shooting when problems arise for the member on the job, providing technical assistance as needed for members and/or their employers and documenting efforts. Supported Employment can involve one-on-one assistance to assist members to become oriented to a new job, learn job responsibilities, practice work-appropriate and safe behavior, etc. in an integrated work setting in the general workforce at or above the state's minimum wage, at or above the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.</p> <p>Supported Employment can be provided up to 13.25 hours during the first 12 months of participation in STEPS and must be reviewed at least annually based on the Supported Employment start date on a member's Individualized Service Plan. Exceptions for hours in excess of this program cap may be allowable for certain situations and in a time-limited capacity. Following the first 12 months, the MCO Care Coordinator, with input from the Community Service</p>	<p>Up to 13.25 hours per month</p>	<p>\$50 per hour</p> <p>1 unit = 1 hour</p>

Service	Description	Maximum	Rate
	<p>Coordinator, will review the need for Supported Employment at least quarterly and reduce the number of hours by a minimum of ¼, with a goal of eliminating Supported Employment entirely by the end of the second year. Should the member exceed the program maximum of 13.25 hours within their first 12 months on the program, the MCO CC/CM and CSC will review the need for Supported Employment and follow the same quarterly reduction of hours. Supported Employment may be re-instated at some level, up to or exceeding 13.25 hours, for a limited time, if members require the service to maintain employment or learn new job responsibilities.</p> <p>Supported Employment cannot be provided when members are receiving these services from other Federal/State entities, e.g., Vocational Rehabilitation, while enrolled in STEPS. STEPS providers are responsible for informing the STEPS Program Manager if they are providing the same or similar services funded by another federal/state entity, such as Vocational Rehabilitation. STEPS members and their Community Service Coordinators are also responsible for informing the STEPS Program Manager if there is duplication of services funded by another entity. However, funding and services may be braided or sequenced to allow for greater flexibility and increased options for services for members (HCBS waivers excluded).</p> <p>Billable Services</p> <ul style="list-style-type: none"> • determining members interests and skills; • locating employment possibilities for members; • analyzing job tasks to determine suitability for members; • addressing employer’s concerns regarding hiring individuals with disabilities; • facilitating the hiring of members by employers • identifying workplace supports that help members maintain employment and facilitating additional support as indicated; • negotiating customized jobs for members; • overseeing and directing Job Coaches; • consulting with, and providing technical assistance for, members and/or their employers; • communicating and coordinating with members’ Community Service Coordinators. 		

Service	Description	Maximum	Rate
	<ul style="list-style-type: none"> • One-on-one supports for the following: <ul style="list-style-type: none"> ○ orienting and training members to new or evolving job responsibilities; ○ reminders to practice work-appropriate behaviors; ○ reminders to interact appropriately with other employees and the public; ○ reminders to practice safety measures; ○ support to increase accuracy and/or speed; ○ support to deal with mental health symptoms; ○ informing the Community Service Coordinator and Job Coach/Employment Specialist of potential problems. <p>Providers Employed by one of the following KMAP enrolled providers: Community Developmental Disability Organizations (CDDOs), CDDO Affiliates, Community Mental Health Centers (CMHCs), CMHC Affiliates, Centers for Independent Living (CILs), KS Workforce Centers, Accredited Clubhouse Models, Brain Injury HCBS providers and religious based organizations. Community agencies must have staff trained and certified by a national training and certifying body, such as employment specialists, job specialists, job coaches, supported employment specialists, etc., All providers must be approved by the STEPS Program Manager.</p> <p>Provider Qualifications</p> <ul style="list-style-type: none"> • employee of one of the agencies listed above; • experience providing employment support for individuals with disabilities and their employers; • knowledge of the local job market and familiarity with local employers; • certification/licensing/training in any of the following models: Individualized Placement and Supports (IPS), Individualized Discovery/Customized Employment (IDCE), Association of Community Rehabilitation Educators (ACRE) National Certificate in Employment Services, Vermont Progressive Employment (VTPE), Certified Employment Support Professional (CESP); other supported employment models will be considered. Providers will be asked to provide information about their employment model/models. 		

Service	Description	Maximum	Rate
	<p>Restrictions</p> <ul style="list-style-type: none"> cannot be provided by family members, relatives, representatives, conservators, guardians, or those with Power of Attorney for members; does not include payment for supervision, training, support and adaptations typically available to other workers without disabilities filling similar positions in the business; cannot go beyond the scope of the Medicaid program or subsume an employer’s responsibilities under Title I of the Americans with Disabilities Act or the Kansas Act Against Discrimination; cannot be receiving Supported Employment from other Federal/State entities, e.g., Vocational Rehabilitation, while enrolled in STEPS. 		
<p>Personal Assistance Services <i>Agency-direct: S5125 U3</i> <u>Provider Type 55 (HCBS):</u></p> <ul style="list-style-type: none"> 363 - Personal Care Services 365 - Supportive Home Care 366 - Enhanced Care Services 367 - Personal Services 368 - Enhanced Care Services I/DD 369 - Supported Employment Services-IDD 370 - Personal Care Services <p>-----</p>	<p>Personal Assistance Services (PAS) are designed to provide hands-on assistance, or cuing and prompting, for Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Cuing/prompting must be face-to-face. PAs are available to assist members to perform IADLs, however are not to perform these functions in the absence of the member. Members are expected to be present to directly supervise these activities.</p> <p>PAS also includes alternative and cost-effective methods of obtaining assistance, also referred to as Supplemental Services, including:</p> <p>Enhanced Services (ES) <i>Service Code: T2025 U3</i> <u>Provider Type 55 (HCBS):</u></p> <ul style="list-style-type: none"> 363 - Personal Care Services 365 - Supportive Home Care 366 - Enhanced <p>Assistance for members who require hands-on care during the night, including re-positioning, tracheotomy care, and care for chronic incontinence; need must be documented by a physician.</p> <p>Enhanced Services can be provided as a self-directed or agency-directed service.</p> <p>ES is available to a member who demonstrates an assessed need for a <u>minimum</u> of 6 hours of sleep support within a 24-hour period and the assessed need cannot be met by the use of personal emergency response services (PERS), and/or informal support. Specific to I/DD, ES may only be authorized when there is a</p>	<p>PAS – Can be no more than 24-hours per day (Including Enhanced Services)</p> <p>Enhanced Services – Maximum is dictated by number of nights in a given month</p>	<p>PAS –\$16.50 per hour (base rate)</p> <p>Enhanced Services – Flat fee of \$92 per night of support</p> <p>Billed in # of nights</p>

Service	Description	Maximum	Rate
<p><u>Provider Type 56 (WORK):</u></p> <ul style="list-style-type: none"> 526 - Assistive Services <p><i>Self-direct: S5125 U5</i></p> <p><u>Provider Type 55 (HCBS):</u></p> <ul style="list-style-type: none"> 369 - Supported Employment Services-IDD <p>-----</p> <p><u>Provider Type 11 (Mental Health Provider):</u></p> <ul style="list-style-type: none"> 111 – CMHC 121 – CCBHC 122 - Affiliate (Non-CMHC) <p>-----</p> <p><u>Provider Type 56 (WORK):</u></p> <ul style="list-style-type: none"> 526 - Assistive Services 	<ul style="list-style-type: none"> 367 - Personal Services 368 - Enhanced Care Services I/DD 369 - Supported Employment Services-IDD 370 - Personal Care Services <p>-----</p> <p><u>Provider Type 56 (WORK):</u></p> <ul style="list-style-type: none"> 526 - Assistive Services 	<p>physician’s documented assessed need for overnight support to ensure the health, safety and welfare of the member.</p> <p>ES is designed to provide supervision and/or non-nursing physical assistance during a member’s normal sleeping hours. These services must be provided in the member’s home and the service provider must remain in the member’s home for the duration of the person’s normal sleep cycle as documented in their assessment. The provider must be able to be awakened and available to provide immediate assistance with tasks such as toileting, transferring, mobility, and medication reminders as needed. The provider must also be able to be awakened and capable of contacting a doctor, hospital, or medical professional in the event of an emergency.</p> <p><u>Limitations</u></p> <p>ES cannot be provided by a member’s spouse, parent, or any individual residing in the home with the member; however, exceptions may be authorized under the following conditions:</p> <ul style="list-style-type: none"> The member lives in a rural area in which access to a provider is beyond a 30-mile radius from the member’s home and the family member is the only provider available to meet the member’s needs. The member lives alone and has severe cognitive impairment, physical disability, or intellectual disability. 	
<p><u>Home-Delivered Meals</u></p> <p><i>Service Code: S5170 U3</i></p> <p><u>Provider Type 55 (HCBS):</u></p>	<p>Meal delivery if determined cost-effective when compared to meal preparation by a personal assistant.</p>	<p>Home-delivered meals – Up to 2 meals per day</p>	<p>Home-delivered meals – \$6.04 per meal</p>

Service	Description	Maximum	Rate
<ul style="list-style-type: none"> • 535 - Home-Delivered Meals • 536 - Home-Delivered Meals-TBI 			
<p>-----</p> <p><u>Provider Type</u> <u>56 (WORK):</u></p> <ul style="list-style-type: none"> • 526 - Assistive Services 			
<p>Personal Emergency Response (PERS) <i>Install: S5160 U3</i></p>	<p>Personal Emergency Response Systems (PERS) allowing members to seek help when alone.</p>	<p>PERS – up to 2 installs per year</p>	<p>PERS – Up to \$40 per month monitoring + one-time installation fee.</p>
<p><u>Provider Type</u> <u>55 (HCBS):</u></p> <ul style="list-style-type: none"> • 252 - PERS Install 			
<p>-----</p> <p><u>Provider Type</u> <u>56 (WORK):</u></p> <ul style="list-style-type: none"> • 526 - Assistive Services 			
<p><i>Monthly: S5161 U3</i></p>			
<p><u>Provider Type</u> <u>55 (HCBS):</u></p> <ul style="list-style-type: none"> • 253 - PERS Rental • 268 - Medical Alert Rental 			
<p>-----</p> <p><u>Provider Type</u> <u>56 (WORK):</u></p>			

Service	Description	Maximum	Rate
	<ul style="list-style-type: none"> 526 - Assistive Services <hr/> <p>Medication reminder/ dispenser <i>Install: T1505 U5</i> Provider Type 55 (HCBS):</p> <ul style="list-style-type: none"> 268 - Medical Alert Rental 509 - Medication Reminder-FE, PD <p>-----</p> <p>Provider Type 56 (WORK):</p> <ul style="list-style-type: none"> 526 - Assistive Services <p><i>Monthly: T1505 U3</i> Provider Type 55 (HCBS):</p> <ul style="list-style-type: none"> 531 - Home telehealth - Install/training <p>-----</p> <p>Provider Type 56 (WORK):</p> <ul style="list-style-type: none"> 526 - Assistive Services <hr/> <p>Personal Assistance Services cannot be provided when members are receiving these services from other Federal/State entities, e.g., Vocational Rehabilitation, while enrolled in STEPS. STEPS providers are responsible for informing the STEPS Program Manager if they are providing the same or similar services funded by another federal/state entity, such as Vocational Rehabilitation. STEPS members and their Community Service Coordinators are also responsible for informing the STEPS Program Manager if there is duplication of services funded by another entity. However, funding and services may be braided or sequenced to allow for greater flexibility and increased options for services for members (HCBS waivers excluded).</p> <p>Billable Services Hands-on assistance, or cuing and prompting, with any of the following ADLs and IADLs:</p> <ul style="list-style-type: none"> bathing, dressing, toileting, transferring; meal preparation, grocery shopping, light housekeeping, laundry; medication reminders; feeding, watering and, if appropriate, walking <u>one</u> service animal (members must be able to demonstrate the services performed by the animal during the assessment). 	<p>Medication reminder – 1 install per year</p>	<p>Medication reminder – Up to \$30 per month + one-time installation fee</p>

Service	Description	Maximum	Rate
	<p>Providers</p> <p>Members who choose to self-direct their services may choose whom they want to provide their PAS and are free to establish the qualifications for their PAs; however, they must follow all STEPS policies related to personal assistants. Members are strongly encouraged to obtain references from previous employers, as well as personal references.</p> <p>Members who self-direct their services are the employer-of-record.</p> <p>Members may also choose a KMAP enrolled agency to provide their services or choose to have a combination of self- and agency-directed services. Agency Personal Assistants (PAs) are employees of the agency.</p> <p>Provider Qualifications</p> <p>PAs, whether self or agency-directed, must meet the following criteria:</p> <p><u>Age</u> - PAs must be 18 years of age or older to provide paid support for ADLs. PAs who are 14-18 years of age may provide paid support for IADLs at the following level:</p> <ul style="list-style-type: none"> • 3 hours on a school day; • 18 hours in a school week; • 8 hours on a non-school day; • 40 hours in a non-school week; and • between 7 a.m. and 7 p.m., except from June 1 through Labor Day, when nighttime work hours are extended to 9 p.m. <p><u>Background Checks</u> – PAs, whether self- or agency-directed, are required to pass State and National criminal history background checks. Community Service Coordinators must confirm that background checks have been conducted on agency-employed PAs. Individuals without clear background checks may not provide PAS for members. Background checks include:</p> <ul style="list-style-type: none"> • Kansas Bureau of Investigation; • Kansas Adult Abuse, Neglect, Exploitation Central Registry and/or Child Abuse and Neglect Central Registry; • Nurse Aid Registry; • Motor Vehicle screen. 		

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Service	Description	Maximum	Rate
	<p>Restrictions</p> <ul style="list-style-type: none"> members’ representatives, conservators, guardians and those with Power of Attorney for members may not provide PAS; assistance with IADLs is not provided for members who are performing similar tasks at their place of employment; care may not be provided for member’s minor children or other family members; support is not provided for monitoring food intake, internet/telephone usage, or other restrictive measures; cleaning, maintaining or repairing vehicles; care of pets; care of emotional support and/or comfort animals is not provided as these are not considered service animals under the Americans with Disabilities Act; members may live in a provider operated home; however, the operator of the home cannot provide members PAS; verifying payment for services that were not provided (STEPS services may be terminated, and a report made to the Office of the Attorney General Medicaid Fraud Control Unit (MFCU)); paying more than one PA at a time unless approved by the STEPS Program Manager; receiving Personal Assistance Services from other Federal/State entities, e.g., Vocational Rehabilitation, while enrolled in STEPS. 		
<p>Assistive Services <i>Assist. Tech. / Home Mod: S5165 U3</i> Provider Type 25 (DME): <ul style="list-style-type: none"> 250 - DME Medical Supply Company <p>----- Provider Type 55 (HCBS): <ul style="list-style-type: none"> 559 - Home Modification </p> </p>	<p>Assistive Services includes equipment, product systems, or environmental and home/vehicle modifications that are medically necessary, increase health, safety, independence, and employability and are not already provided by KanCare as a Kansas Medicaid State Plan service. There is no entitlement for assistive services. Each Assistive Service request is reviewed on a case-by-case basis, taking into consideration medical necessity, appropriateness, and cost-effectiveness. The request is then approved or denied by the STEPS Program Manager. If approved, the MCO will prior authorize the purchase in the FMS system. Assistive Services has an annual cap of \$7,500. Assistive Services is not an entitlement; members are not entitled to receive \$7,500 per year, nor does the annual cap transfer, or accrue, from year-to-year. Assistive Services <u>cannot</u> be authorized retroactively. If complete paperwork is not submitted for approval by the STEPS</p>	<p>Annual maximum \$7,500</p>	<p>Based on cost of request upon approval by Program Manager</p>

Service	Description	Maximum	Rate
<p>----- Provider Type 56 (WORK): <ul style="list-style-type: none"> 526 - Assistive Services <i>Vehicle Mod:</i> <i>T2039 U3</i> Provider Type 55 (HCBS): <ul style="list-style-type: none"> 559 - Home Modification ----- Provider Type 56 (WORK): <ul style="list-style-type: none"> 526 - Assistive Services </p>	<p>Program Manager and prior authorized by the MCO, payment will be denied. Members must provide documentation of medical necessity for the assistive service.</p> <p>Medical necessity is defined as:</p> <ul style="list-style-type: none"> treating a medical condition; recommended by the treating physician or other appropriate licensed professional in the area of expertise (a medical practitioner cannot establish medical necessity outside his/her area of expertise); providing the most appropriate level of service considering potential benefits and harms to the individual; known to be effective in improving health outcomes; cost-effective for the condition being treated when compared to alternative interventions (the usual and customary rate is used when approving assistive services). <p>To request an assistive service, the <u>STEPS Request for Assistive Services</u> form must be completed and submitted to the Program Manager with the following:</p> <ul style="list-style-type: none"> a statement of medical necessity from the appropriate medical provider; alternative funding sources that have been explored and why these are not viable; a minimum of two (2) bids; pictures and/or diagrams, if requested by the STEPS Program Manager. <p>All Assistive Services Request packets must be submitted in full in order to be processed. Failure to provide all required information and documentation will result in an immediate denial. Once all paperwork listed above has been submitted, the Program Manager will have 20 business days to approve or deny the request. Omission of any of the above paperwork will result in a denial at the 20-business day deadline. Members will be required to re-submit all required paperwork, and the 20 business days for approval or denial will begin again.</p> <p>Assistive Services cannot be provided when members are receiving these services from other Federal/State entities, e.g., Vocational Rehabilitation, while enrolled in STEPS. STEPS providers are responsible for informing the STEPS Program</p>		

Service	Description	Maximum	Rate
	<p>Manager if they are providing the same or similar services funded by another federal/state entity, such as Vocational Rehabilitation. STEPS members and their Community Service Coordinators are also responsible for informing the STEPS Program Manager if there is duplication of services funded by another entity.</p> <p>Billable Services Examples of Assistive Services include:</p> <ul style="list-style-type: none"> • dentures; • home modifications to increase access in the member’s home, including grab bars, raised toilet seats, roll-in showers, lowered counters; • ramps (removal of porches or decks and/or adding porches or decks are the financial responsibility of the member); • emergency alert installation; • environmental control units (to control items within the home such as lights or door locks); • electric lifts; • hearing aids and batteries; • insulin pumps and pump supplies; • low vision aids for home use; • wheelchair seating and positioning; • specialized wheelchairs; • wheelchair or scooter batteries and repairs; • specialized footwear (Diabetic, Orthopedic); • hospital beds; • mattresses, mattress covers, and bed rails used in medical situations; • cost of obtaining and replacing accredited service dogs and other accredited service animals; • vehicle adaptations, based on the member’s disability; • services which directly assist individuals with a disability in the selection, acquisition, or use of assistive technology. <p>Providers KMAP enrolled Durable Medical Equipment (DME) vendors, dentists, orthotics and prosthetics vendors, Community Developmental Disability Organizations (CDDOs) and affiliates of CDDOs, Centers for Independent Living (CILs), and licensed Home Health Agencies. Providers must be approved by the STEPS Program Manager.</p>		

Service	Description	Maximum	Rate
	<p>Provider Qualifications Agencies and businesses meeting the certification, licensing, requirements, and qualifications of the providers listed above.</p> <p>Restrictions Excluded items include, but are not limited to:</p> <ul style="list-style-type: none"> • food or nutritional supplements; • clothing; • shoes of a non-medical nature; • computers, laptops, iPads/tablets, cell phones • environmental units such as air conditioners, furnaces, space heaters humidifiers/de-humidifiers, air purifiers, water purifiers; • appliances such as blenders, microwaves, refrigerators, washers, dryers; • exercise equipment; • indoor/outdoor exercise pools; • heating pads, heat lamps, vaporizers; • home renovations not related to accessibility; • hot tubs, Jacuzzis, saunas, spas, whirlpools, swimming pools, or similar items; • yard cleaning, yard repairs; • surgeries not already covered under KanCare; • non-medical beds and water beds; • household furniture; • recliners; • home remodeling, including but not limited to movement of walls, replacement of carpets or floors, painting, etc.; • vehicles and vehicle repairs; • modifications to buildings in which the member does not reside, e.g., garages and sheds; • adding or repairing fences or out-buildings; • adding, removing, or replacing decks or porches; • assistive technology and durable medical equipment covered under the Kansas Medicaid State Plan; • assistive technology to allow or improve access at the place of employment; • durable medical equipment (DME) or other technology provided by KanCare (Kansas Medicaid State Plan services), nor will it extend the <u>amount, duration or scope</u> of technology specified in the Medicaid State Plan; 		

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Service	Description	Maximum	Rate
	<ul style="list-style-type: none"> technology or modifications that are the responsibility of the employer as an accommodation under the Americans with Disabilities Act (ADA). 		
<p>Community Service Coordination <i>Service Code: T1016 U3</i> Provider Type 21 (TCM): <ul style="list-style-type: none"> 238 - Affiliate (Non-CDDO) <p>----- Provider Type 56 (WORK): <ul style="list-style-type: none"> 506 - ILC </p> </p>	<p>Assisting members to make program choices, locate and direct services, develop, and obtain approval for Emergency Back-Up Plans, perform fiscal management responsibilities, completing paperwork; monitoring services and progress to complete goals; communicating progress and concerns with MCO Care Coordinators/Case Managers, and Employment Specialists, linking and referring members to community resources and non-Medicaid supports such as education, employment, and housing. All assistance must be documented in a form provided or approved by the STEPS Program Manager. Documentation must be provided at the request of the Program Manager within one business day of the request. Community Service Coordinators (CSCs) are expected to provide conflict-free service coordination, always considering the best needs and interest of members and not the agency with which they are affiliated.</p> <p>Community Service Coordination is to be billed in units of Hours. CSCs can bill up to 10 hours during the 30-day period prior to enrollment in STEPS.</p> <p>Providing fraudulent information when submitting a request for Medicaid funding of assistive services, or selling items that were purchased with Medicaid funds, is considered Medicaid fraud and abuse, and will be reported to the Office of the Kansas Attorney General, Medicaid Fraud and Abuse Unit.</p> <p>STEPS members cannot receive Targeted Case Management (TCM) under the Kansas Medicaid State Plan or a Home and Community Based Services Waiver. Community Services Coordination cannot be provided when members are receiving these services from other Federal/State entities, e.g., Vocational Rehabilitation. STEPS providers are responsible for informing the STEPS Program Manager if they are providing the same or similar services funded by another federal/state entity, such as Vocational Rehabilitation. STEPS members and their Community Service Coordinators are also responsible for informing the STEPS Program Manager if there is duplication of services funded by another entity. However, funding and services may be braided or sequenced</p>	<p>Up to 120 hours per calendar year</p>	<p>\$75 per hour 1 unit = 1 hour</p>

Service	Description	Maximum	Rate
	<p>to allow for greater flexibility and increased options for services for members (HCBS waivers excluded).</p> <p>Billable Services</p> <ul style="list-style-type: none"> • facilitating members understanding of the STEPS program and the use of program services; • actively coordinating with the MCO CM/CC, STEPS Program Manager, Working Healthy Benefits Specialists, Employment Specialists, community partners and other State agencies to ensure optimum service provision and that members needs are met; • assisting members to access one of the two on-line training programs provided on the Working Healthy website, or other available tools; • assisting members to locate providers of personal assistance and to enroll them as providers in the STEPS FMS system; • assisting members to interview, hire, supervise, and terminate personal assistants; • assisting members to locate providers of transportation; • assisting members to locate providers of alternative services such as PERS and meal support, as well as assisting members to terminate alternative services; • assisting members to document and submit requests for reimbursements to the FMS provider in a timely manner; • assisting members to access Independent Living Skills and Pre-Vocational training, Supported Employment resources, obtaining service recommendations from appropriate community providers and conveying these to MCO CC/CMs for incorporation into members' Service Plans; • assisting members to obtain safety equipment within their home; • assisting members to develop an Emergency Back-Up Plan that is viable and includes all criteria specified in the STEPS Program Manual; • obtaining approval for the Emergency Back-Up Plans from the MCO CC/CM; • assisting members to coordinate Non-Emergency Medical Transportation (NEMT); • monitoring the provision of services and ensuring that members are receiving the services they need and are progressing in training that they are receiving; 		

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Service	Description	Maximum	Rate
	<ul style="list-style-type: none"> • requesting an increase or decrease of services, as appropriate, from the STEPS Program Manager; • monitoring services to ensure that they are being provided appropriately within the scope of the program; • assisting with completing the Request for Assistive Services paperwork; facilitating requests for approval of assistive services from the STEPS Program Manager; • referring members to other resource agencies as needed to address needs that contribute to the social determinants of health; • assisting members with paperwork to access other services e.g., Vocational Rehabilitation, affordable housing, etc.; • assisting members to locate volunteer services if needed, e.g., to attend church, leisure activities, etc.; • assisting members to complete annual Medicaid eligibility paperwork and six (6) months desk review, if applicable; • requesting a mid-assessment revision of the Service Plan based on member’s needs or complete re-assessment at any time members experience dramatic changes in their physical or behavioral conditions; • communicating any changes in status, needs, problems, etc., to members MCO CC/CM; • documenting all contacts with members, following the State’s documentation requirements; • notifying the STEPS Program Manager and the MCOs CC/CMs when it appears members are not capable of self-directing services and require representatives and/or agency directed services or if they lose employment; • notifying the STEPS Program Manager if members are not participating in the Pre-Vocational and/or Independent Living Skills training; • notifying the STEPS Program Manager when a member becomes employed or unemployed; • reporting health and safety concerns to the STEPS Program Manager and MCOs CC/CMs when it appears members health and/or safety are in jeopardy; • reporting to the STEPS Program Manager when members and/or personal assistants are not following STEPS program policies and procedures; • reporting emotional abuse, physical abuse, exploitation, fiduciary abuse, maltreatment and/or neglect of members to the STEPS Program Manager, MCO CC/CMs and the 		

Service	Description	Maximum	Rate
	<p>Division of Children and Families (DCF) Adult Protective Services.</p> <p>Providers KMAP enrolled Community Developmental Disability Organizations (CDDOs), CDDO Affiliates, Community Mental Health Centers (CMHCs), CMHC Affiliates, Centers for Independent Living (CILs), Accredited Clubhouse Models, Brain Injury HCBS providers and religious based organizations. All providers must be approved by the STEPS Program Manager.</p> <p>Provider Qualifications</p> <ul style="list-style-type: none"> • employee or affiliate of one of the above listed organizations; • experience providing case management, Targeted Case Management, care coordination; • ability to provide conflict-free service coordination. <p>Restrictions Community Service Coordinators (CSCs) cannot:</p> <ul style="list-style-type: none"> • direct members to the agency for which they work or are affiliated with for services without considering member’s best interests; • provide personal assistance services for members, or allow family members to provide personal assistance for members for whom they are the CSC; • act as a representative, guardian, or POA for any STEPS member on their caseload, receiving services from the CSC’s privately-operated agency, or receiving services by the agency for which the CSC is employed; • handle, or be involved with, any personal funds of members including, but not limited to, cash, checking and savings accounts, and premium payments; • have substantiated prohibited offenses as listed in KSA 39-970 & 65-5117 as they would not be eligible for reimbursement of services under Medicaid funding; • bill for the following: <ul style="list-style-type: none"> ○ advocacy ○ assistance with or testifying at appeals ○ travel 		

Service	Description	Maximum	Rate
	<ul style="list-style-type: none"> ○ anything not specified in the STEPS Policy Manual under Community Service Coordinator Responsibilities. 		
<p>Fiscal Management Services <i>Service Code:</i> T2040 U3 <u>Provider Type 55 (HCBS):</u> • 530 - Financial Management Services</p>	<p>KMAP enrolled Fiscal Management Services vendor manages funds used to pay for STEPS services.</p>		<p>\$125 per member per month</p>

B. Service Plan

Based on the assessment, and in conjunction with members, CSCs will develop a STEPS Service Plan. CC/CMs will determine the amount of personal assistance necessary for each task, and the total amount of assistance for all tasks combined. CC/CMs and members may substitute alternatives to human assistance such as a medication management system, personal emergency response system or home delivered meals when it contributes to independence and/or it is cost effective. In some cases, CC/CMs will recommend that members receive Independent Living Skills Training to reduce or eliminate the need for personal assistance services. CC/CMs may also indicate the need for the installation of safety equipment or assistive technology.

CC/CMs will then refer members to their Community Service Coordinators (CSCs) to locate providers of Independent Living Skills Training, Prevocational Training, and Supported Employment, as needed. All services are then included in the STEPS Service Plan, which must be signed by members before being entered into the Fiscal Management Services (FMS) system. See Appendix A – STEPS Service Plan.

All members, providers, and vendors must complete their account setup within the FMS system and be considered Good To Go (GTG) before the provision of any STEPS services can begin. This includes all necessary member/provider/vendor enrollment signatures and documents, entry of service authorizations for all services/providers/vendors outlined on the STEPS Service Plan, member-to-provider associations, self-directed PA enrollment documentation and necessary background check clearance, etc. As such, it may be necessary to delay a Service Plan start date (or specific service/provider/vendor start date) in order for all necessary steps to be completed prior to the member utilizing their services. Proceeding with service provision without all necessary documentation/enrollments may result in provider billing errors and/or delayed payments, up to and including denial of payments by the FMS for any services

rendered. The member will be held responsible for directly reimbursing/paying providers for any services they receive prior to all necessary enrollment components being completed.

C. Emergency Back-Up Plan

Members receiving PAS and/or Transportation services are required to have an Emergency Back-Up Plan. CSCs should assist in the development of Emergency Back-Up Plans. Emergency Back-Up Plans must contain:

- name(s) and contact information of person(s) that will provide emergency back-up assistance in the event a personal assistant does not report to work;
- name(s) and contact information of persons that should be notified in the event of an emergency;
- evacuation plans in the event of a fire or natural or man-made disaster, including whether personal assistants or local emergency personnel have agreed to assist in the evacuation process;
- for members dependent on technology, how their technology will be powered in the event of a power outage;
- for members with service animals or pets, how the animal(s) will be cared for in the event of a hospitalization or emergency.

Emergency Back-Up Plans must include individuals or agencies, that are aware of, and have agreed to, provide support in the event that personal assistants are unable or unwilling to perform their job duties. Those listed in the Plan must be located within the same geographical area as the member; they cannot live in another area of the state or out-of-state. See Appendix B – STEPS Emergency Backup Plan.

The Emergency Back-Up Plan is submitted to the MCO CC/CM for approval. The CC/CM will review the Emergency Back-Up Plan to determine whether the emergency provisions are adequate. If not, members and CSCs may be asked to review and revise the plan.

V. RESPONSIBILITIES

A. STEPS Program Manager

The Program Manager is responsible for overseeing day-to-day operation of STEPS, including:

1. facilitating enrollment into the program, orientating members, coordinating with members, community providers, KDHE field staff, KDADS waiver staff, DCF Vocational Rehabilitation staff, MCOs designated STEPS contacts and STEPS Care Coordinators/Case Managers (CC/CMs).
2. facilitating dis-enrollment from the program and returning to Home and Community Based Services (HCBS) waiting lists or waivers, as appropriate.
3. notifying Benefits Specialists of enrollment/disenrollment to enable them to communicate with KanCare Clearinghouse eligibility staff.

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4. providing STEPS training for MCOs CC/CMs, Community Service Coordinators (CSCs) and other service providers.
5. confirming that STEPS services providers meet all requirements established by the Division of Health Care Finance (DHCF) and maintaining this information in a database.
6. notifying the Fiscal Management Service (FMS) provider when a STEPS service provider is approved.
7. maintaining a database of STEPS providers and providing this information to the MCO designated STEPS contact, CC/CMs and CSCs each time this is updated.
8. ensuring that there is no conflict of interest on the part of the Community Service Coordinators, including but not limited to:
 - a. directing members to the agency or organization that employs them without considering other service providers.
 - b. providing services for their family members, relatives, or friends.
 - c. allowing their family members or relatives to provide STEPS services for members.
9. ensuring that CSCs receive training provided by the State before coordinating STEPS members services.
10. verifying CSCs participation in 12 hours of training during a calendar year.
11. verifying credentials and/or curriculum of service providers of Pre-Vocational Training, Independent Living Skills Training, and Supported Employment.
12. verifying that home health agencies providing STEPS Personal Assistance Services (PAS) are licensed by the State and that they conduct background checks on providers of PAS.
13. reviewing members STEPS assessments and notifying the CC/CMs of any issues within three (3) business days of receiving them, ensuring that:
 - a. member's need for assistance is being met.
 - b. service recommendations are within the amount, duration and scope specified by the STEPS Policy Manual.
14. approving or denying of Assistive Service requests submitted by CSCs on behalf of members; decisions regarding Assistive Service will be made within 20 business days if all required paperwork has been submitted.
15. approving or denying requests by CSCs, on behalf of members, to increase service maximums between annual assessments.
 - a. notifying MCO CC/CMs if approved, allowing them to enter the increase into the FMS system.
16. providing technical assistance related to assessments, Service Plans, fiscal management, etc., for MCO CC/CM and CSCs.
17. facilitating the resolution of members and service providers concerns.
18. reviewing fiscal management reports provided by MCOs and their FMS subcontractors for thoroughness and accuracy.
19. maintaining a database of STEPS members by MCO, including demographic and program data, HCBS waiting list/waiver status, enrollment and disenrollment, service utilization and costs, etc.
20. notifying MCOs when members change MCOs.
21. developing and providing timely and accurate reports to DHCF and CMS as requested.

22. assisting the Director in developing policies and procedures to meet the needs of the program members and providers, as well as to meet State and Federal regulations.

B. Working Healthy Benefits Specialists

Working Healthy Benefits Specialists are responsible for the following:

1. meeting with potential STEPS members referred by the Program Manager to explain how employment and earnings will impact benefits, including but not limited to Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Medicaid, as well other State and Federal benefits as appropriate.
2. discussing premiums, when applicable, and obtaining members agreement, in writing, to pay premiums in order to participate in the program.
3. obtaining members signed agreement to be enrolled in the program.
4. notifying the Program Manager of meeting outcome.
5. forwarding participation and premium agreements to Program Manager.
6. responding when members have additional questions regarding their benefits and employment.
7. initiating Temporary Unemployment Plans (TUPs) when members lose employment; tracking whether they become re-employed or unable to obtain employment.
8. educating people about the STEPS program and referring interested individuals to the Program Manager.
9. promoting employment through education about the positive impact of earnings.

C. Managed Care Organizations

Managed Care Organizations (MCOs) are responsible for STEPS members as stated in the KANSAS MEDICAID MANAGED CARE REQUEST FOR PROPOSAL FOR KANCARE 2.0.

Responsibilities specific to STEPS include the following:

1. designating one individual to serve as the supervisor of STEPS Care Coordinators/Case Managers (CC/CMs) as well as the State's primary point of contact for all issues related to the STEPS program.
2. designating a sufficient number of MCO CC/CMs, as directed by the State, to ensure familiarity with the program and to oversee the physical and behavioral health, as well as the social determinants of health, of STEPS program members.
3. ensuring that MCO CC/CMs with STEPS members on their caseload participate in State provided STEPS trainings.
4. maintaining an electronic case record for STEPS members which includes, at a minimum:
 - a. STEPS assessments, including the most recent assessment.
 - b. Service Plan.
 - c. Emergency Back-Up Plan.
 - d. all elements required by the MCOs contract with the State.
5. contracting with a Fiscal Management Service (FMS) provider to develop and maintain a system that meets the STEPS fiscal management requirements provided in this manual.

6. reimbursing the FMS provider for services provided.
7. billing the State for services reimbursement.
8. providing monthly reports which include the data elements required by the Division of Health Care Finance (DHCF).

D. MCO Care Coordinators/Case Managers

MCOs are responsible for Service Coordination for STEPS members per the KANSAS MEDICAID MANAGED CARE REQUEST FOR PROPOSAL FOR KANCARE 2.0, section 5.4. MCO Care Coordinators/Case Managers responsibilities specific to STEPS include:

1. utilizing a person-centered and directed planning approach to identify member's needs.
2. utilizing a tool provided by the State, conducting face-to-face STEPS needs assessments in members' homes, within 10 business days of referral, determining the need for, and amount needed, of personal assistance services, transportation, independent living skills training and recommendations for assistive services.
3. referring to the STEPS Policy Manual for the amount, duration and scope of services included in the STEPS benefit package.
4. confirming that members have the necessary equipment within their home to ensure their safety, e.g., operational smoke detectors, carbon monoxide detectors, fire extinguishers, and weather alert devices; notifying CSCs if safety equipment is needed.
5. submitting assessments to the STEPS Program Manager for approval within five (5) business days of the assessment.
6. assisting members to locate CSCs if members do not already have one.
7. informing CSCs of assessment results and services that will be included in Service Plans (see Service Definitions).
8. entering a Provisional Service Plan into the FMS system to allow CSCs to assist members to select personal assistance, Independent Living Skills Training, Pre-Vocational Training and Supported Employment service providers.
9. entering and approving annual Service Plans into the FMS system, including members services, maximum amount per service, and service providers.
10. approving Emergency Back-Up Plans developed by members with the assistance of their CSCs, ensuring that the plans are viable and include all criteria specified in the STEPS Program Manual.
11. reviewing members Supported Employment units following the first 12 months on the program on a quarterly basis to reduce the number of units as members become more familiar and experienced with their job responsibilities; units should be reduced by a minimum of $\frac{1}{4}$ every 90 days, or more based on member's needs, to be eliminated entirely by the end of the second year.
12. conducting annual face-to-face re-assessments in members' homes, and adjusting Service Plans as necessary.
13. assisting the STEPS Program Manager and CSCs if members experience problems to connect the member to community resources and services, including, but not limited to, behavioral and physical health, safe housing, abuse and/or neglect.
14. providing timely responses to all State inquiries regarding STEPS members.

15. reporting emotional abuse, physical abuse, exploitation, fiduciary abuse, maltreatment and/or neglect of members MCO CC/CMs and the Division of Children and Families (DCF) Adult Protective Services (see K.S.A. 39-1430 and K.S.A. 39-1431).
16. participating in initial and annual STEPS training, as requested by DHCF.

E. Community Services Coordinators

Community Service Coordinators (CSCs) responsibilities include:

1. facilitating members understanding of the STEPS program and the use of program services.
2. actively coordinating with MCO CM/CCs, STEPS Program Manager, Working Healthy Benefits Specialists, community partners and other State agencies to ensure optimum service provision for members.
3. assisting members to develop the skills necessary to self-direct services by helping them access one of the two on-line training programs provided on the Working Healthy website, or other available tools.
4. assisting members to locate providers of personal assistance and direct them to the FMS provider to enroll.
5. assisting members to interview, hire, supervise, and terminate personal assistants.
6. assisting members to utilize the Electronic Visit Verification (EVV) system.
7. assuring that representatives, conservators, guardians, and/or those with any type of Power of Attorney for members are not providing personal assistance or any other STEPS service.
8. confirming that agencies have completed required background checks on agency- employed staff providing personal assistance for STEPS members.
9. assisting members to locate transportation providers.
10. assisting members to locate providers of alternative Personal Assistance Services, i.e., Enhanced Supports, PERS and Meal Support.
11. assisting members to document and submit requests for reimbursements to the FMS provider in a timely manner.
12. assisting members to access Independent Living Skills training, Pre-Vocational and Supported Employment resources, obtaining recommendations from appropriate community providers, and conveying these to CC/CMs for incorporation into members STEPS Service Plans.
13. assisting members to purchase or obtain safety equipment, i.e., smoke detectors, carbon monoxide detectors, fire extinguishers, and weather alert devices.
14. assisting members to develop an Emergency Back-Up Plan that is viable and includes all criteria specified in the STEPS Program Manual.
15. obtaining approval for the Emergency Back-Up Plans from the MCO CC/CM.
16. assisting with completing required Request for Assistive Services forms STEPS.
17. facilitating requests for approval of assistive services from the STEPS Program Manager.
18. assisting members to obtain Non-Emergency Medical Transportation (NEMT), ensuring that this is not billed to the FMS provider.
19. requesting a mid-assessment revision of members Service Plans requesting from the MCO CC/CM based on a change in needs, or a complete re-assessment any time members experience dramatic changes in their physical or behavioral conditions.

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20. requesting a continuation of Independent Living Skills Training, Pre-Vocational, Training or Supported Employment from the STEPS Program Manager, providing documentation of necessity.
21. monitoring services to ensure that they are being provided appropriately within the scope of the program.
22. monitoring the provision of services and ensuring that members are receiving the services they need and are progressing in training that they are receiving.
23. referring members to other resource agencies as needed to address needs that contribute to the social determinants of health.
24. assisting members with forms and paperwork to access other services e.g., medical, Vocational Rehabilitation, affordable housing, SNAP, etc.
25. assisting members to complete annual Medicaid eligibility paperwork and six (6) months desk review, if applicable.
26. communicating any changes in status, needs, problems, etc., to members MCO CC/CMs.
27. notifying the STEPS Program Manager and the MCOs CC/CMs when it appears members are not capable of self-directing services and require representatives and/or agency directed services.
28. notifying the STEPS Program Manager and the MCOs CC/CMs when members lose employment.
29. notifying the STEPS Program Manager and the MCOs CC/CMs when members change MCOs.
30. reporting health and safety concerns to the STEPS Program Manager and MCOs CC/CMs when it appears members health and/or safety are in jeopardy.
31. reporting when members, personal assistants or other providers are not following STEPS program policies and procedures.
32. reporting emotional abuse, physical abuse, exploitation, fiduciary abuse, maltreatment and/or neglect of members to the STEPS Program Manager, MCO CC/CMs and the Division of Children and Families (DCF) Adult Protective Services (see K.S.A. 39-1430 and K.S.A. 39-1431).
33. documenting all community service coordination performed for members, following DHCFs documentation requirements.
34. participating in initial STEPS training, and annually if requested by DHCF.
34. participating in a minimum of 12 hours of training relevant to Community Service Coordination within a calendar year (verification of training must be sent to the STEPS Program Manager annually).

F. Fiscal Management Services Provider

MCOs are required to contract with a provider of Fiscal Management Services (FMS) to manage the payment of members services. Members who receive services must use the FMS provider designated by their MCO.

The FMS provider is responsible for the following:

1. providing a portal which allows:

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- a. MCO CC/CMs to enter and approve STEPS members' Service Plans in the system, including demographic data, services, service amounts, providers of services and start and end dates.
 - b. Community Service Coordinators to view information for their members.
 - c. members to view their individual information.
 - d. service providers to enter their invoices/time sheets into the system.
 - e. prevents MCO CC/CMs, Community Services Coordinators, and members from viewing information other their own or for those whom they are responsible.
2. providing the MCO CC/CMs the ability to override the maximum amount of services based on changing needs of members and/or Community Service Coordinators recommendations.
 3. providing orientation and assistance to members, their employees, and their services providers regarding enrolling, completing forms, and the process for submitting time sheets or invoices for approved goods and services.
 4. providing a toll-free Customer Service line staffed by personnel familiar with the STEPS program.
 5. providing fax capabilities.
 6. providing a secure internet/e-mail communication system that meets Federal and State accessibility requirements and Health Insurance Portability and Accountability Act (HIPAA).
 7. providing print materials in alternate formats (e.g., Braille, large print).
 8. processing all employer, employee, vendor paperwork, e.g., time sheets, provider invoices, member reimbursement, etc.
 9. filing and paying federal income tax withholding, FICA and FUTA, state income tax, Unemployment Insurance for personal assistants and Worker's Compensation costs (taken from the personal assistant's hourly wage).
 10. processing each service separately, taking service thresholds into account (see above).
 11. pending payment of invoices/timesheets that are above State established maximums until approved by the MCO CC/CM or STEPS Program Manager.
 12. establishing a date tolerance of 60 days for invoices.
 13. invoicing the MCO monthly for reimbursement of payments made for services.
 14. reporting to the MCOs on a monthly basis the amount paid per service per member.
 15. filing all employer paperwork and employee paperwork as required by State and Federal law.
 16. performing background checks on personal assistants.
 17. performing Office of Inspector General (OIG) verification checks and notifying the MCO when there is a problem.
 18. paying employees and vendors in a timely fashion.
 19. preparing, filing and distributing IRS forms.
 20. notifying MCO CC/CMs and/or Community Service Coordinators of problems.
 21. accounting for all expenditures.

VI. MEMBER RIGHTS AND RESPONSIBILITIES

A. Member Rights

- Members have the right to information that will assist them in making an informed choice regarding whether they want to enroll in STEPS, and assistance in completing the Participant Agreement form.
- Members have the right, once all program requirements are met and paperwork completed, to timely enrollment in STEPS.
- Members have the right to a person-centered planning process with all aspects of STEPS, including an assessment to determine what services are needed to live and work in the community, and the development of a STEPS Service Plan and Emergency Back-Up Plan.
- Members have the right to choose a representative to act on their behalf.
- Members have the right and the responsibility to be involved in directing their services, even if they choose to have a representative to act on their behalf.
- Members have a right to choose who they want to be involved in the planning of their STEPS services.
- Members have the right to self-direct their services, choose an agency to direct services on their behalf, or choose a combination of both self and agency-direction. **KDHE reserves the right to require members to have a representative or agency direct their services if KDHE has concerns about their ability to self-direct their services.**
- Members have the right and responsibility to have criminal background checks conducted on their personal assistance providers.
- Members have the right to know what services have been provided by their Community Service Coordinator.
- Members have the right to file a grievance or appeal a decision by the MCO or KDHE regarding STEPS services.

B. Member Responsibilities

- Members are responsible for complying with STEPS program policies and procedures as laid out in the STEPS Program Policy Manual. **Note: Pursuant to K.A.R 129-6-84(4)(c), KDHE reserves the right to require members to have increased management, including a representative and/or agency directed services, or to leave the program, if they do not follow the program policies and procedures contained in the STEPS Program Policy Manual.**
- Members have the responsibility to obtain all necessary information to enable them to make an informed choice regarding whether they want STEPS services.
- Members have the responsibility to provide Medicaid eligibility staff, in a timely and complete manner, all paperwork needed to complete annual eligibility and six-month desk reviews, without a disruption in services. Members who do not complete this paperwork will have their STEPS services closed.

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- Members are responsible for paying any applicable Working Healthy premium monthly by the date specified on their statement. Members who do not pay premiums will have their Working Healthy cases closed and STEPS services will end. Members whose payments are in arrears must pay all premiums in full before their STEPS services can continue.
- Members have the responsibility to verify that the time sheets, invoices, or documentation of service providers are accurate.
- Members have the responsibility to be available for the MCO CC/CM to conduct their initial assessment, and annual re-assessments, at the date and time agreed upon. Members who do not have re-assessments performed by the required date will have their STEPS services discontinued.
- Members have the responsibility to accurately report their need for services during the STEPS Services Assessment. **NOTE: Falsifying the needs for services will result in removal from the program and be reported to the Office of the Attorney General Medicaid Fraud Control Unit (MFCU).**
- Members have the responsibility to ensure that the services and costs listed on their STEPS Service Plan reflect the needs identified during their STEPS Services Assessment.
- Members have the responsibility to complete an Emergency Back-Up Plan that ensures adequate coverage in the event that their employees do not come, and that they have made provisions for their safety in the event of a natural or any other disaster.
- Members have the responsibility to sign all sections of the Member Agreement form, indicating the informed choices they have made, as well as their willingness to comply with the STEPS program policies and procedures.
- Members choosing to direct their own care are responsible to understand and accept the responsibilities and risks of directing their own care; or designating a representative who understands their needs and is willing to accept the responsibilities and risks of directing their care; or choosing a state licensed Home Health agency to direct care on their behalf.
- Members have the responsibility to complete all paperwork required by the FMS provider in a thorough and timely manner to ensure that their PAs and services providers are paid in a timely manner.
- Members have the responsibility to spend their monthly service costs on those services and/or goods that are consistent with independence and employment and within the parameters established by KDHE, and to spend no more than the amount allotted to them monthly.
- Members have the responsibility to verify time worked by signing time sheets. Falsification of time sheets, either by the member or PA will result in removal from the program and will be reported to the MFCU.
- Members have the responsibility to submit approved timesheets in the timeframe identified by the FMS provider.
- Members have the responsibility to **not** spend their service plan funds on anything prohibited by KDHE and/or MCO. **Note: Inappropriate use of Medicaid funds is considered Medicaid**

fraud, which will be reported to the Office of the Attorney General Medicaid Fraud Control Unit and may result in prosecution.

- Members have the responsibility to inform their CSC when they are no longer employed at or above 40 hours per month and must contact their Benefits Specialist to set up a Temporary Unemployment Plan if they want to remain in STEPS for a two-month “grace” period. This applies **only** if the member has achieved employment at or above 40 hours per month.
- Members have the responsibility to communicate any changes in status, needs, problems, etc. to the appropriate DCF, KDHE, or MCO staff.
- Members have the responsibility to inform their MCO CC/CM or CSC in a timely manner if they wish to return to an HCBS waiver or waiver waiting list.
- Members have the responsibility to conduct themselves in a courteous manner. If a member becomes verbally or physically abusive, profane, bullies or sexually harasses a provider of services, including PAs, MCO staff, KDHE staff and CSCs, the member can be removed from the STEPS program.

VII. LOSS OF EMPLOYMENT/TEMPORARY UNEMPLOYMENT PLAN

Loss of employment, whether temporary or permanent, must be reported to the STEPS Program Manager and the Working Healthy Benefits Specialist by the member, their CSCs or their Supported Employment providers within 10 days of becoming aware of the loss. Failure to do so may result in members being removed from the program once unemployment is confirmed.

Members who become temporarily unemployed and intend to return to work may continue to be eligible for STEPS for up to two (2) months following the date unemployment occurred. In order to continue in STEPS for the two-month period, members must complete a Temporary Unemployment Plan (TUP). The purpose of the TUP is to establish an intent and a plan to return to work. TUPs are developed by the Working Healthy Benefits Specialist. The Working Healthy Benefits Specialist also determines the length of the TUP. They are also responsible for determining whether members have returned to work following the two-month period. As employment is defined in STEPS as working at least 40 hours per month, if a member has not yet achieved employment at that level, a TUP is not required. Once a member has achieved employment at this level, any reduction in hours or loss of employment to less than 40 hours per month will require a TUP.

Members who have not returned to work at the end of the two-month period are no longer eligible for STEPS.

VIII. DISENROLLMENT

A. Voluntary Disenrollment

Members who wish to disenroll should notify their CSC and the CSC will notify the STEPS Program Manager and MCO CC/CM. The Program Manager will coordinate with the Working Healthy Benefits

Specialist and the Kansas Department of Aging and Disability Services (KDADS) HCBS Waiver Managers to disenroll members and return them to a waiver or waiver waiting list, if appropriate. The STEPS Program Manager will ensure that the Eligibility Clearinghouse has coded members correctly in the Kansas Eligibility and Enforcement System (KEES).

B. Involuntary Disenrollment

Members will be involuntarily disenrolled from the STEPS program for the following reasons:

1. Continued unemployment following the two-month Temporary Unemployment period.
2. Exceeding the limit of two (2) Temporary Unemployment periods within a 12-month period.
3. Failure to obtain or maintain employment within six (6) months of completing one Prevocational Services period.
4. Failure to utilize services listed on the STEPS Service Plan.
5. Failure to cooperate with STEPS program policies. Examples include, but are not limited to, not allowing CC/CMs to conduct assessments in the home on an annual basis, requesting personal assistants to perform tasks beyond the scope of assessed needs, requesting personal assistants to provide services for family members living in the home, etc.
6. Failure to cooperate with STEPS service providers. Examples include, but are not limited to, not attending Independent Living Skills and/or Pre-Vocational Training, not following the recommendations of Supported Employment providers, not attending work, etc.
7. Utilizing more personal assistance than approved in the STEPS Service Plan or allowing personal assistants to work more than 40 hours per week.
8. Falsifying information. Examples include, but are not limited to, over-stating need during assessments, approving time for personal assistants who have not worked during that period, etc.⊗
9. Confirmation of Medicaid fraud or abuse within the STEPS program or any other Medicaid, KDHE, KDADS, and/or DCF program.⊗

Members who are involuntarily disenrolled for any reason will not be allowed to re-enroll for a minimum of 12 month. Re-enrollment will be at the discretion of the Program Manager.

⊗ Members who are involuntarily disenrolled due to falsifying information (reason 8) and/or confirmed Medicaid fraud or abuse (reason 9) will not be allowed to re-enroll in STEPS regardless of when they were removed from the program.

IX. GRIEVANCES, APPEALS, FAIR HEARINGS, STATE APPEAL COMMITTEE, JUDICIAL REVIEW

A. MCO Grievance/Appeal Process

Members who are dissatisfied about any matter other than an adverse benefit determination made by their MCO related to their STEPS services have the right to file a grievance. Members who disagree with an adverse benefit determination made by their MCO related to their STEPS services have the right to file an appeal with the MCO.

1. **Grievance** - Members may file a grievance at any time. The MCO must acknowledge in writing the grievance was received within 10 business days; 98% of all grievances must be resolved and a grievance resolution letter issued to the member in 30 calendar days. If the MCO believes an additional 14 calendar days may be needed to resolve the grievance, this request must be made to KDHE/DHCF two (2) business days in advance of the 30 calendar days deadline. 100% of grievances must be resolved and a grievance resolution letter issued to the member in 60 calendar days.
2. **Appeal** – Members who disagree with an adverse benefit determination made by an MCO related to their STEPS services may appeal the decision. The MCO must inform the member of the adverse benefit determination in a notice. This notice is called a “Notice of Adverse Benefit Determination.” Members may submit an appeal with their MCO within 60 calendar days of the date on the notice of adverse benefit determination. If the Notice of Adverse Benefit Determination was mailed, three (3) calendar days are added. The MCO must send a letter to the member within five (5) calendar days acknowledging receipt of the appeal request. The MCO must resolve 100% of appeals and issue a Notice of Appeal Resolution within 30 calendar days.

Continuation of Benefits: If members request an appeal, they may be able to keep their current level of services while waiting for a decision. To request continuation of benefits, members must submit a request to their MCO within 10 calendar days from the mail date of the Notice of Adverse Benefit Determination. Members maintaining their services until the decision may have to pay back any assistance received if the decision is not in their favor.

3. **Expedited Appeal** – Members may file a request for an expedited appeal when the member’s health requires a decision made as expeditiously as possible. When an expedited appeal is requested, the MCO will determine if the request meets the criteria for an expedited decision. If the request meets the criteria, the MCO must resolve 100% of expedited appeal requests and issue a Notice of Appeal Resolution within 72 hours. If more time is needed to gather additional information, the MCO may request the additional time from KDHE/DHCF. If the request does not meet the criteria, the MCO will resolve the request and issue a Notice of appeal Resolution within 30 calendar days.

Members should refer to their MCO's member handbook for information regarding the MCOs specific grievance and appeal process and follow the steps in the handbook. MCO member handbooks can be found on the MCO's website.

B. State Fair Hearing

Members who disagree with a decision made by their MCO in response to their appeal may file a request for a State Fair Hearing. Members must complete the appeal process prior to requesting a State Fair Hearing. The Kansas Office of Administrative Hearings (OAH) must receive the State Fair Hearing request within 120 calendar days of the date of the Notice of Appeal Resolution. If the Notice of Appeal Resolution was mailed, three (3) calendar days are added. Members may also request an expedited fair hearing if their request for an expedited appeal met the criteria for an expedited decision, but the MCO upheld their adverse benefit determination. Members may request a State Fair Hearing verbally or in writing. A verbal request may be made in person or by telephone with their MCO. A written request may be made in person, by mail, by fax, or by email to their MCO. A written request may be made by fax or by mail to OAH. All hearing dates, resolutions, and notifications follow the timelines prescribed by OAH. If neither the member nor the State request that the KDHE State Appeals Committee (SAC) review the hearing decision (the Initial Order), the decision becomes final 30 calendar days from the date the Initial Order was served.

A State Fair Hearing request form may be found on OAH's website at <https://www.kancare.ks.gov/consumers/mco-state-fair-hearings>. Written requests for a State Fair Hearing should be mailed or faxed to:

Office of Administrative Hearings
1020 S. Kansas Ave.
Topeka, KS 66612
Fax: (785) 296-4848

Continuation of Benefits: If members request a hearing, they may be able to keep their current level of services while they wait for the hearing decision. To request continuation of benefits, members must submit their request to their MCO within 10 calendar days from the mail date of the Notice of Appeal Resolution. If their services continue until the hearing decision, they may have to pay back any assistance they receive if the decision is not in their favor.

C. KDHE State Appeals Committee (SAC)

If members or the State disagrees with the Initial Order decision made by OAH, either party may request, within 15 calendar days of the date the Initial Order decision was served, that the KDHE State Appeals Committee (SAC) review the decision. If the Initial Order was served by mail, three (3) calendar days are added to the 15 calendar days. If members ask for a review by the KDHE SAC, they do not have the option of having their current level of services continue. The KDHE SAC reviews the

decision in OAH's Initial Order. Following a SAC review, the decision by SAC becomes the Final Order. The Final Order is effective on the date the Final Order is served.

D. Judicial Review

If a member or the State disagrees with the decision of the KDHE SAC, either party may file a petition for a Judicial Review in the appropriate District Court. Should either party seek judicial review, then, pursuant to K.S.A. 77-613(b), the request for judicial review must be filed within 30 calendar days from the date the Final Order was served.

X. KANCARE OMBUDSMAN

The KanCare Member Ombudsman is available to help members who receive long-term care services through MCOs. The Ombudsman can help members:

1. understand their KanCare plan and how to use their benefits.
2. understand their bills and how to handle them.
3. with service problems when other help is not available directly through an MCO or provider
4. understand where to take their problems with KanCare, such as the MCO grievance and appeals process and the State fair hearing process.
5. obtain answers when they feel their rights have been violated.
6. contact the people in charge.

The Ombudsman will also provide information and refer members who have problems that the Ombudsman cannot resolve.

The KanCare Ombudsman can be reached at this toll-free number **1-855-643-8180**.

Appendix A.

Service Plan

Rev. 9/8/23



**STEPS (Support and Training for Employing People Successfully)
Individualized Service Plan**



Member name: First and last name **DOB:** Enter date **Primary phone #:** Include area code **Medicaid ID:** Enter #

Member address: Street Address **City, State:** City, State **Zip:** Zip code

Alternate contact #: Include area code **Email:** Enter email **PPL ID:** Enter ID

Mailing address same as member street address

Mailing address: Mailing Address **City, State:** City, State **Zip:** Zip code

Guardian or **Representative:** First and last name **Phone #:** Include area code **Email:** Enter email

Guardian/Representative address same as member address

Guardian address: Mailing Address **City, State:** City, State **Zip:** Zip code

MCO: Choose **Care Coordinator:** First and last name **Phone or email:** Enter contact info

Community Services Coordinator: First and last name **CSC Agency:** Enter Agency

CSC Phone #: Include area code **CSC Email:** Enter email

		Service Plan Start Date	Service Plan End Date
Type Example: Annual or Revised		Always the 1st of the month	Always the last of the month
INITIAL SERVICE PLAN START ON THIS LINE (always keep this row)		Start date	End date
Choose type	If not annual, provide explanation	Start date	End date
Choose type	If not annual, provide explanation	Start date	End date
Choose type	If not annual, provide explanation	Start date	End date
Choose type	If not annual, provide explanation	Start date	End date
Choose type	If not annual, provide explanation	Start date	End date
Choose type	If not annual, provide explanation	Start date	End date
Choose type	If not annual, provide explanation	Start date	End date
Choose type	If not annual, provide explanation	Start date	End date
Choose type	If not annual, provide explanation	Start date	End date

◆ **For this form to work correctly, CSCs MUST use the Tab key to navigate through the yellow highlighted boxes. Once you have entered an amount in the box, use the Tab key to make the form calculate accordingly.** ◆

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Current Service Plan Services

Service Type	Amount	Frequency	Provider Name	Begin Date	End Date
<input type="checkbox"/> Pre-Vocational Services	Hours	Total	Enter Provider	Begin Date	End Date
<input type="checkbox"/> Independent Living Skills Training	Hours	Total	Enter Provider	Begin Date	End Date
<input type="checkbox"/> Supported Employment	Hours	Per month	Enter Provider	Begin Date	End Date
<input type="checkbox"/> SE Reduction – 1st	Hours	Per month	Enter Provider	Begin Date	End Date
<input type="checkbox"/> SE Reduction – 2nd	Hours	Per month	Enter Provider	Begin Date	End Date
<input type="checkbox"/> SE Reduction – 3rd	Hours	Per month	Enter Provider	Begin Date	End Date
<input type="checkbox"/> SE Reduction – 4th	Hours	Per month	Enter Provider	Begin Date	End Date
<input type="checkbox"/> Transportation (Enter info below)	Hours	Per month	Enter Provider	Begin Date	End Date
<input type="checkbox"/> Personal Assistance Services	Hours	Per month	Enter Provider	Begin Date	End Date
<input type="checkbox"/> Agency <input type="checkbox"/> Self (List workers below)					
<input type="checkbox"/> Enhanced Services	Nights	Per month	Enter Provider	Begin Date	End Date
<input type="checkbox"/> Agency <input type="checkbox"/> Self (List workers below)					
<input type="checkbox"/> Home Delivered Meals	Meals	Per month	Enter Provider	Begin Date	End Date
<input type="checkbox"/> Med Minder Install	Unit	Total	Enter Provider	Begin Date	End Date
<input type="checkbox"/> Med Minder Monthly	Unit	Per month	Enter Provider	Begin Date	End Date
<input type="checkbox"/> PERS Install	Unit	Total	Enter Provider	Begin Date	End Date
<input type="checkbox"/> PERS Monthly	Unit	Per month	Enter Provider	Begin Date	End Date
<input type="checkbox"/> Community Service Coordination	Hours	Total	Enter Provider	Begin Date	End Date

Transportation – Vendor/Agency invoice, Member reimbursement, or PAS payment based on EVV

Enter total # of assessed hours for transportation: Total dollar amount available for transportation costs: \$ 0.00

Vendor/Agency or Member – Who is to be paid	Invoice or reimbursement?	Description/details of transportation				Monthly Cost
Vendor/Agency and contact info	Choose method	Description				
Vendor/Agency and contact info	Choose method	Description				
Vendor/Agency and contact info	Choose method	Description				
PAS Transportation – Use Provider Pay Rates for Service Plan chart for hourly wage		Relationship to the member	# of hours per month	Hourly wage	Cost to employer/hr.	Monthly Cost
First and last name, email		Choose one.			\$15.00	\$ 0.00
First and last name, email		Choose one.			\$15.00	\$ 0.00
First and last name, email		Choose one.			\$15.00	\$ 0.00
Total hours:			0	Total cost:		\$ 0.00

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Personal Assistance Services (PAS) – Self-Directed

Enter total # of assessed monthly PA hours:

Name of PA and relationship to the member <small>(Use Provider Pay Rates for Service Plan chart for hourly wage)</small>	Total hours per month	Hourly wage	Cost to employer/hr.	Total cost per month
First and last name, email	Choose one.		\$16.50	\$ 0.00
First and last name, email	Choose one.		\$16.50	\$ 0.00
First and last name, email	Choose one.		\$16.50	\$ 0.00
First and last name, email	Choose one.		\$16.50	\$ 0.00
First and last name, email	Choose one.		\$16.50	\$ 0.00
First and last name, email	Choose one.		\$16.50	\$ 0.00
Total hours:	0		Total cost:	\$ 0.00

Enhanced Services – Self-Directed

Enter total # of assessed nights per month:

Name of PA and relationship to the member <small>(Use Provider Pay Rates for Service Plan chart for nightly rate)</small>	Total nights per month	Nightly rate	Cost to employer/night	Total cost per month
First and last name, email	Choose one.		\$92.00	\$ 0.00
First and last name, email	Choose one.		\$92.00	\$ 0.00
First and last name, email	Choose one.		\$92.00	\$ 0.00
First and last name, email	Choose one.		\$92.00	\$ 0.00
First and last name, email	Choose one.		\$92.00	\$ 0.00
First and last name, email	Choose one.		\$92.00	\$ 0.00
Total nights:	0		Total cost:	\$ 0.00

Supplemental Services – Services in place of PAS hours

◆ Check the appropriate box for any supplemental services that the member will receive. CSCs must enter the 1-time costs and total cost per month manually ◆

Category of service	Details of service(s) to be provided	Total cost per month
<input type="checkbox"/> Home-Delivered Meals	# of meals per month: 0	\$ 0.00
<input type="checkbox"/> PERS	1-time cost? 	
<input type="checkbox"/> Medication Minder	1-time cost? 	

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Service Plan Summary

		Total Cost
Pre-Vocational Services		\$ 0.00
Independent Living Skills Training		\$ 0.00
		Monthly Cost
Supported Employment		\$ 0.00
• SE Reduction – 1st		\$ 0.00
• SE Reduction – 2nd		\$ 0.00
• SE Reduction – 3rd		\$ 0.00
• SE Reduction – 4th		\$ 0.00
Transportation		\$ 0.00
PAS		\$ 0.00
Supplemental Services <small>(only available with PAS)</small>	• Enhanced Services	\$ 0.00
	• Home-Delivered Meals	\$ 0.00
	• PERS	\$ 0.00
	• Med Minder/Dispenser	\$ 0.00
1-Time Costs		Total Cost
• PERS Install		\$ 0.00
• Medication Reminder/Dispenser Install		\$ 0.00

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STEPS Service Plan Agreement

I agree:

- To follow the STEPS Program Policy Manual.
- That I was given information about my provider options for all my STEPS services.
- To make sure all timesheets are correct and approved in time for the pay period. I will be at fault for any mistakes. It could be Medicaid Fraud to approve timesheets that are known to be incorrect.
- To use only the number of self-directed services authorized on this Service Plan. Any hours of self-directed PA Services used over the amount listed in this Service Plan will be my responsibility to pay.
- That Pre-Vocational Services and Independent Living Skills Training are limited to 34 hours each. These services are not on-going and are expected to end.
- That Supported Employment is limited to 13.25 hours per month for the first 15 months of my enrollment in STEPS and will be reduced by a minimum of ¼ on a quarterly basis with a goal of closing this service by the end of the second year.
- To have an accurate Individualized Emergency Backup Plan in the event a provider or Personal Attendant fails to show up.

I understand:

- That using services outside of the approved Service Plan and/or confirmed Medicaid Fraud or abuse may lead to involuntary disenrollment from STEPS and I will be barred from participating in the future.
- That if I purchase assistive services/technology that have not received prior approval by the Program Manager I will be responsible for paying for these costs myself.
- Copies of this approved Individualized Service Plan will be shared with the fiscal manager, my MCO, the STEPS Program Manager, KDHE, and all providers that I have chosen to deliver my supports and services.
- My Community Services Coordinator and MCO Care Coordinator are required by Kansas law to report concerns if they feel I am being abused, neglected, exploited, or taken advantage of by someone with power over me.
- All STEPS information about me is private. I allow STEPS to give information about my participation in the program and my Individualized Service Plan to the Centers for Medicaid and Medicare Services, the Social Security Administration, the Kansas Department of Health and Environment, and the Kansas Department for Children and Families.
- All information from surveys and program records will only be about groups of people and will be used for research purposes only.
- No person shall, on the grounds of race, color, national origin, age, disability, religion, or sex, be excluded from participation in, be denied the benefits of or be subject to discrimination under any program or activity of the Department for Children and Families or Kansas Department of Health and Environment.

 _____ 
Member/Representative Agreement Signature Date

 _____ 
MCO Service Plan Approval Signature Date

Appendix B.

Emergency Backup Plan

STEPS
Support and Training to
Employ People Successfully

Emergency Backup Plan

Participant name: _____

Briefly describe your emergency back-up plan. This plan should include your steps if: (1) an attendant doesn't show up at a critical time; or (2) you are in a situation where you need another attendant. For instance, list the people you will call, including names and phone numbers. List plans for service animals or pets, list people to notify in case of any type of emergency (and how to reach them) and list your plans for disaster preparedness. **Do not list any current full-time attendants, Community Services Coordinator, or MCO Care Coordinator/ Case Manager. Anyone listed must be local (geographically close enough to the member to physically assist), is able to provide support until the situation has been resolved, and CSC must verify that the contact agrees to provide this support. All STEPS policies and procedures must be followed.**

Section A: Attendant Support
Contact list in case an attendant doesn't show up or if attendant's employment has been terminated leaving member without assistance. This can be informal/unpaid support such as a guardian or it can be a formal support such as an agency provider or self-direct personal attendant provider who is not a current full time attendant.
List of attendants who will provide emergency care.

Who to contact	Contact phone number	Contact address	Verified by CSC
...	Initial: _____
...	Initial: _____
...	Initial: _____

Other plans in case of a critical need for attendant care or in case an attendant doesn't show up:

...

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Section B: Emergency/Natural Disaster

Contact list for support in an emergency such as a natural disaster, for example a power outage.

List who to contact to assist in the event of an emergency/natural disaster

Who to contact	Contact phone number	Contact address	Verified by CSC
...	Initial: _____
...	Initial: _____
...	Initial: _____

Other plans for emergency/disaster preparedness:

...

Section C: Emergency Plan for Pets and/or Service Animal

Contact list for care of service animals/pets. Examples of need: emergency/disaster, hospitalization, etc. Care of and/or housing of any pets or service animal is the responsibility of the member. This assistance would be in an informal or unpaid capacity or this can be paid by the member (such as to kennel animal).

List of who to contact to assist with pets and/or service animal

Who to contact	Contact phone number	Contact address	Verified by CSC
...	Initial: _____
...	Initial: _____
...	Initial: _____

Other plans for care of pets and/or service animal:

...

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Section D: Authorized Decision-makers for the Participant

Contact list of people who are authorized to help make decisions or sign documents for you. Examples: Legal Guardian, Representative Payee, etc. Persons listed below cannot be paid providers.

List of individuals and/or organizations authorized to make decisions on your behalf, if applicable

Who to contact	Contact phone number	Contact address	Verified by CSC
...	Initial: _____
...	Initial: _____
...	Initial: _____

In order for this Emergency Backup Plan to be approved, it must be realistic, viable, and verified.

Signature of Participant Date

Signature of CSC assisting to develop this plan Date

Signature of Approving MCO Representative Date

Appendix C.

Working Healthy Benefits Specialist Talking Points



Talking Points

Client's name: _____ MCO: _____
 WHBS Name: _____ WHBS Phone: _____

1)	<p>Confirm Federal and State Benefits</p> <p><input type="checkbox"/> SSI \$ _____ <input type="checkbox"/> SSDI \$ _____ <input type="checkbox"/> CDB \$ _____ <input type="checkbox"/> Dual Beneficiary \$ _____</p>
2)	<p>Do you currently have Medicaid/KanCare eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>All applicants must have an open adult Medicaid/KanCare case in order to enroll in STEPS.</p>
3)	<p>On waiting list? <input type="checkbox"/> Y <input type="checkbox"/> N On waiver? <input type="checkbox"/> Y <input type="checkbox"/> N Which waitlist/waiver? <input type="checkbox"/> IDD <input type="checkbox"/> PD <input type="checkbox"/> BI</p> <p>Discuss safety net, member can return to waiver or same spot on wait list should they decide or need to.</p>
4)	<p>Provide an orientation to <i>STEPS</i></p> <p><i>STEPS</i> has different supports to help you get and keep employment and be as independent as possible. Those supports can be designed to help you with your specific needs. You will be a big part of what services and supports are needed to help you succeed.</p> <ul style="list-style-type: none"> ◆ Preparing you for employment ◆ Increase your independent living skills ◆ Providing you with assistance in independent living, if needed ◆ Provide a Fact Sheet ◆ Your <i>STEPS</i> Community Services Coordinator will help you develop a Service Plan (They will explain this to you) ◆ Fiscal Management – the organization that is responsible for paying the services received through <i>STEPS</i> ◆ Personal Care Services – you may choose self-direction, agency-direction or a combination ◆ It is your responsibility to notify all agencies/staff who provide <i>STEPS</i> services of any changes that impact <i>STEPS</i> service delivery, such as change of address and employment status
5)	<p>A Community Service Coordinator (CSC) needs to be identified as soon as possible in this process. If you have a case manager, you may want to ask if they are enrolled as a <i>STEPS</i> provider. If they aren't and you would like to try to maintain your current provider, please contact the <i>STEPS</i> Program Manager. Otherwise, please review the list of providers to find one in your area. Please contact your chosen provider to ensure that they are accepting new referrals. If there is not a CSC listed in your area, please contact the <i>STEPS</i> Program Manager.</p> <p><i>STEPS</i> website: https://kancare.ks.gov/consumers/working-healthy/steps</p>
6)	<p>Employment means:</p> <ul style="list-style-type: none"> ◆ Working no less than 40 hours per month ◆ Integrated, competitive employment ◆ Paying FICA ◆ Paid Federal Minimum wage or more
7)	<p>When the Clearinghouse is notified by the <i>STEPS</i> Program Manager of acceptance into <i>STEPS</i> by the 18th of any month, <i>STEPS</i> services can begin the first day of the following month.</p>
8)	<p>Declaration:</p> <p>I _____ understand that it is my responsibility to report any pay stubs received for employment to SSA by the 5th of the following month, each month.</p>
9)	<p>You can stay in the program for up to 2 months on a Temporary Unemployment plan if you stop working or drop below 40 hours per month of employment.</p>

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10)	Benefits counseling is provided to explain your benefits while in the <i>STEPS</i> program and can explain how work impacts your benefits.
11)	Resources: Participants may have up to \$15,000 in resources. (If you are SSI eligible, then keep your resources under \$2,000.00 to keep SSI eligibility until <i>STEPS</i> is completed.)
12)	Once someone turns 18 their permission will be required to provide information to those not listed in KEEs with roles that allow them to receive information.
13)	<p>Third Party Liability: Do you have health insurance, other than Medicare? If so, please provide the following information:</p> <p>Insurance Company (Carrier) Name: _____</p> <p>Policy Number: _____</p> <p>Member number (if different than policy number) _____</p> <p>Group number: _____</p> <p>Coverage (check all that apply): <input type="checkbox"/> Hospital <input type="checkbox"/> Doctor <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Dental <input type="checkbox"/> Optical</p> <p style="padding-left: 40px;">Other (specify): _____</p> <p>Start date (if known) _____</p>
14)	<p>**FOR TITLE II only: Not needed if SSI Recipient. **</p> <ul style="list-style-type: none"> ◆ How premiums are calculated – provide Premium Estimate Chart ◆ Premium Billing (discuss page 2 of the 3165 except no prior coverage for <i>STEPS</i>) ◆ Premiums can only increase at reviews due to increased HH income. <p>Estimated Premium: \$ _____ Initial to agree to pay premiums _____</p>
15)	<p>Preferred Start date? _____</p> <p style="color: red; font-size: small;">This date is not guaranteed and depends on several other factors.</p>

The WHBS has reviewed this information with me and I been provided a copy of the talking points.

Customer Signature

Date

Appendix D.

Service Codes, KMAP Provider Type and Provider Specialty Codes

Service	Service Code	Provider Type	Provider Specialty
Pre-Vocational	T2047 U3	55 - HCBS	363 - Personal Care Services 365 - Supportive Home Care 366 - Enhanced Care Services 367 - Personal Services 368 - Enhanced Care Services I/DD 369 - Supported Employment Services-IDD 370 - Personal Care Services
		56 - WORK	526 - Assistive Services
Independent Living Skills Training	H2014 U3	55 - HCBS	363 - Personal Care Services 370 - Personal Care Services
		56 - WORK	506 - ILC 526 - Assistive Services
Transportation	T2003 U3	26 - Transportation Provider	263 - Taxi 264 - Common Carrier (ambulatory) 265 - Common Carrier (non-ambulatory) 267 - Driver
		55 - HCBS	363 - Personal Care Services 365 - Supportive Home Care 366 - Enhanced Care Services 367 - Personal Services 368 - Enhanced Care Services I/DD 369 - Supported Employment Services-IDD 370 - Personal Care Services
		05 - Home Health Agency	557 - Personal Care Services (Agency-Directed)
		56 - WORK	526 - Assistive Services
Supported Employment	H2025 U3	55 - HCBS	369 - Supported Employment Services-IDD
		11 - Mental Health Provider	111 - CMHC 121 - CCBHC 122 - Affiliate (Non-CMHC)
		56 - WORK	526 - Assistive Services
Personal Assistance Services – Self-direct	S5125 U5	55 - HCBS	363 - Personal Care Services 365 - Supportive Home Care 366 - Enhanced Care Services 367 - Personal Services

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Service	Service Code	Provider Type	Provider Specialty	
			368 - Enhanced Care Services I/DD 369 - Supported Employment Services-IDD 370 - Personal Care Services	
		56 - WORK	526 - Assistive Services	
Personal Assistance Services – Agency-direct	S5125 U3	55 - HCBS	363 - Personal Care Services 365 - Supportive Home Care 366 - Enhanced Care Services 367 - Personal Services 368 - Enhanced Care Services I/DD 369 - Supported Employment Services-IDD 370 - Personal Care Services	
		05 - Home Health Agency	557 - Personal Care Services (Agency-Directed)	
		56 - WORK	526 - Assistive Services	
Only available for those eligible for PAS	Enhanced Services	T2025 U3	55 - HCBS 363 - Personal Care Services 365 - Supportive Home Care 366 - Enhanced Care Services 367 - Personal Services 368 - Enhanced Care Services I/DD 369 - Supported Employment Services-IDD 370 - Personal Care Services	
			56 - WORK	526 - Assistive Services
	Meal Delivery	S5170 U3	55 - HCBS	535 - Home-Delivered Meals 536 - Home-Delivered Meals-TBI
			56 - WORK	526 - Assistive Services
	PERS – Installation	S5160 U3	55 - HCBS	252 - PERS Install
			56 - WORK	526 - Assistive Services
	PERS – Monthly Fee	S5161 U3	55 - HCBS	253 - PERS Rental 268 - Medical Alert Rental
			56 - WORK	526 - Assistive Services
	Medication monitoring – Installation	T1505 U3	55 - HCBS	531 - Home telehealth - Install/training
			56 - WORK	526 - Assistive Services
Medication monitoring – Monthly Fee	T1505 U5	55 - HCBS	268 - Medical Alert Rental 509 - Medication Reminder-FE, PD	
		56 - WORK	526 - Assistive Services	
Assistive Services	<i>Assist. Tech. & Home</i>	25 - Durable Medical Equipment	250 - DME Medical Supply Company	

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Service	Service Code	Provider Type	Provider Specialty
	<i>Mod – S5165 U3</i>	55 - HCBS	559 - Home Modification
		56 - WORK	526 - Assistive Services
	<i>Vehicle Mod – T2039 U3</i>	56 - WORK	526 - Assistive Services
Community Service Coordination	T1016 U3	56 - WORK	506 - ILC
		21 - TCM	238 - Affiliate (Non-CDDO)
Financial Management Services	T2040 U3	55 - HCBS	530 - Financial Management Services

Appendix E.

Acronyms

ACRE	Association of Community Rehabilitation Educators
ADL	Activities of Daily Living
BI	Brain Injury
CDDO	Community Developmental Disability Organization
CESP	Certified Employment Support Professional
CIE	Competitive integrated employment
CIL	Center(s) for Independent Living
CMHC	Community Mental Health Center
CMS	Center for Medicare/Medicaid Services
COLA	Cost of Living Adjustment
CSC	Community Service Coordinator
DCF	Department of Children and Family (formerly SRS)
DHCF	Department of Health Care Finance
DME	Durable Medical Equipment
ES	Enhanced Services
EVV	Electronic Visit Verification
FMS	Fiscal Management Services
FPL	Federal Poverty Level
HCBS	Home and Community Based Services
I/DD	Intellectual/Developmental Disability
IADL	Instrumental Activities of Daily Living
IDCE	Individual Discovery/Customized Employment
IDEA	Individuals with Disabilities Education Act
IPS	Individualized Placement & Support
K.A.R.	Kansas Administrative Regulations
K.S.A.	Kansas Statutes Annotated
KDADS	Kansas Department of Aging and Disability Services
KDHE	Kansas Department of Health and Environment
KMAP	Kansas Medical Assistance Provider
MCO	Managed Care Organization (health insurance company)
MCO CC/CM	Managed Care Organization Care Coordinator/Care Manager
MFCU	Medicaid Fraud Control Unit
NEMT	Non-Emergency Medical Transportation
PAS	Personal Assistance Services
PD	Physical Disability
PERS	Personal Emergency Response Systems
POA	Power of Attorney
SSDI	Social Security Disability Income
SSI	Supplemental Security Income

STEPS Program Policy Manual

STEPS	Supports & Training for Employing People Successfully
TCM	Targeted Case Management
TUP	Temporary Unemployment Plan
VR	Vocational Rehabilitation
VTPE	Vermont Progressive Employment Model
WH	Working Healthy

Appendix F.

Braided Funding Example(s)

Example 1 – Vocational Rehabilitation:

An eligible STEPS referral has a current and open case with Vocational Rehabilitation (VR) and an active Individualized Plan for Employment. At their STEPS Services Assessment, it was determined this referral would also benefit from Personal Assistance Services (PAS) in their home as well as Independent Living Skills (ILS) Training to support their independence. This referral would be able to maintain their employment supports through VR and enroll in STEPS to receive ILS training and PAS. VR will continue to fund the employment supports until the case is closed and STEPS will fund ILS and PAS. The STEPS Service Plan would indicate that the member is receiving employment supports through VR but the cost of this service is **not** included in the STEPS Service Plan costs.

Example 2 – Independent Living Skills Training:

A STEPS member was assessed as needing Independent Living Skills Training as well as other STEPS services (e.g., PAS, transportation, pre-voc, etc.). There are no STEPS-enrolled providers for ILS training in this member's geographic area. There is, however, a Center for Independent Living (CIL) nearby that provides ILS training as one of their core services. The member may seek ILS training from the CIL. The CIL will fund the ILS training and STEPS will fund the other assessed STEPS services. The STEPS Service Plan would indicate that the member is receiving ILS training through the CIL but the cost of this service is **not** included in the STEPS Service Plan costs.

Sequenced Funding Example(s)

Example 1 – Vocational Rehabilitation:

A STEPS member has been receiving employment support from VR and has achieved competitive, integrated employment for at least 40 hours per month while also receiving other STEPS services such as PAS, ILS, etc. VR determined that the member was successful in achieving employment and their VR case will be closed. However, VR also recommends the member would benefit from on-going support to maintain their success in employment. If the VR provider is or chooses to become a STEPS-enrolled provider or the member chooses a different STEPS-enrolled provider and after a STEPS reassessment to determine the support need, STEPS would be able to add Supported Employment to the member's Service Plan. VR would close their funding with the case closure and STEPS would pick up funding Supported Employment for on-going employment support once VR is closed. The STEPS Service Plan would add Supported Employment in addition to the STEPS services they are already receiving.