



KANSAS

UnitedHealthcare Community Plan

Long Term Care Benefits

KanCare

1-877-542-9238 (TTY: 711)

www.myuhc.com/communityplan





Important Telephone Numbers

Member Services and Care Coordination

(8 a.m. to 6 p.m. CST, Monday through Friday) 1-877-542-9238

TTY (Hard-of-hearing) 711

Fax 1-913-451-1297

24/7 NurseLineSM 1-855-575-0136

(available 24 hours a day, 7 days a week)

TTY 711

Mental Health and

Substance Use Disorder Services 1-855-802-7095

LogistiCare Transportation Services

Non-Emergency Transportation 1-877-796-5847

Where's My Ride? Hotline 1-877-796-5848



Website www.myuhc.com/communityplan



Address

UnitedHealthcare Community Plan
10895 Grandview Dr., Suite #200
Overland Park, KS 66210



Your Health Providers

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Emergency Room: _____ Phone: _____

Pharmacy: _____ Phone: _____

If you have questions about your health plan, please call us.

Our toll-free Member Services number is 1-877-542-9238 (TTY: 711, for the hard-of-hearing).

NurseLineSM is a service mark of UnitedHealth Group, Inc.
Health plan coverage provided by UnitedHealthcare of the Midwest, Inc.

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KanCare – Long Term Care Benefits

Coordination of Long Term Care Services

We will help you stay healthy and get good care. We will help you get access to the care you need. With UnitedHealthcare Community Plan, you get all of your Medicaid benefits plus additional services.

The UnitedHealthcare Community Plan is one option for Kansas residents who qualify for KanCare. The state decides if you are eligible for long term care.

The Long Term Care (LTC) population are members who:

1. Live in a Nursing Facility.
2. Get Home and Community based services in a private home or other community setting such as an Assisted Living Facility.

The UnitedHealthcare Community Plan:

- Offers medical coverage and services to help with daily life.
- Promotes independent living.
- Promotes checkups.
- Lets you take part in decisions.
- Gives you a Care Coordinator.

Care Coordination

Care Management

UnitedHealthcare Community Plan's Care Management Program is a holistic approach to helping our members live healthier lives.

Our focus is to work with you and your PCP to keep you healthy and living independently in the community.

Our program helps you be involved, make decisions and take part in planning your health care.

A Care Coordinator gives support, information and help managing your services. We work with you and your PCP so you get care with the right provider, at the right time, at the right place.

Care Coordination and Role of the Care Coordinator

If you are a member of Kansas Medicaid and have Long Term Care, UnitedHealthcare Community Plan manages your health, mental health, substance use and long term care services. We do this through Care Coordination.

If you are in Kansas Medicaid, UnitedHealthcare Community Plan will assign you a Care Coordinator. You will get a phone call to tell you his or her name. We will tell you how to reach him or her. This is your main contact person. He or she is the first person you go to if you have any questions.

If there is a delay in assigning your Care Coordinator, UnitedHealthcare Community Plan will send a letter to tell you how to reach the Care Coordination Department for help.

If you have questions, call UnitedHealthcare Community Plan at 1-877-542-9238 (TTY: 711).

Contacting Your Care Coordinator

You can contact your Care Coordinator any time you have a question about your health care. You do not need to wait until a home visit or a call. Contact your Care Coordinator if you have a change in your condition or about anything else that may affect your care.

For additional care, our NurseLine is open 24 hours a day, 7 days a week. Just call 1-855-575-0136.

Care Coordination (cont.)

Care Coordination and Your Doctor

- If you do not have a Primary Care Provider (PCP), your Care Coordinator will help you find one.
- Your Care Coordinator can help make sure your PCP and other providers are working with you.
- Your PCP is told about any assessments or screenings you have had.
- A copy of your Individual Service Plan (ISP) is sent to your PCP.
- Your Care Coordinator works with your PCP to get you involved in programs to improve your health.
- Your Care Coordinator makes sure that your specialists share their findings with your PCP. In some cases you must give permission for this.
- Your Care Coordinator works with your PCP to make sure you have the services you need when you leave the hospital.
- Your PCP can refer you to other doctors or specialists you may need. They can refer you to behavioral health services. To find a Behavioral Health provider, call Member Services at **1-877-542-9238 (TTY: 711)**.

Changing Care Coordinators

If you are unhappy with your Care Coordinator, call UnitedHealthcare Community Plan at **1-877-542-9238 (TTY: 711)**. If we cannot resolve your concern, we may assign a new Care Coordinator to you.

There may be times when UnitedHealthcare Community Plan will have to change your Care Coordinator. If we need to do this, we will send you a letter. If you have any questions, call Member Services at **1-877-542-9238 (TTY: 711)**.

Care Options

If you have Long Term Care, you may get care:

- In your home,
- *Or* in another place in the community (such as an assisted living facility),
- *Or* in a nursing home.

If you are in a nursing home, you may be able to move from the nursing home to your own home and get health care. Talk with your Care Coordinator if you want to do this.

To get care in your home or in the community, UnitedHealthcare Community Plan will help. You will not have to leave the nursing home if you do not want to do so.

Your Care Coordinator will discuss changes you want and help decide what setting is best to meet your needs.

You can help pick the providers who will give your care. This could be an assisted living or nursing home or the agency that will give care at home. You may also be able to hire your own workers for some kinds of care. (This is called Self-Direction.)

The provider you pick must be willing and able to give your care. Your Care Coordinator will help you arrange this. If you do not get the **provider** you want, you cannot file for an appeal or a State Fair Hearing. You can file an appeal only if you do not get the **services** you think you need.

KanCare Ombudsman

The KanCare consumer Ombudsman is available to help consumers who receive long term care and home and community based services through KanCare with their rights and responsibilities. The KanCare Ombudsman is a State staff person and not an employee of UnitedHealthcare. The Ombudsman can help you:

- When you need help with a concern or filing a grievance.
- When you need help with a problem you can't solve by speaking with your KanCare plan.
- When you do not think that you are getting the care that you need.
- When you feel your rights are being violated.

Call this toll-free number to reach the KanCare Ombudsman: **1-855-643-8180**.

If You Get Care in a Nursing Home, Your Care Coordinator Will

- Be part of your care planning at the nursing home.
- Perform any needs assessment that may help manage your care.
- Add to the nursing home's plan of care things UnitedHealthcare Community Plan can do to manage problems or help with the physical, mental health or substance use services you need.
- Make face-to-face visits at least every 6 months.
- Coordinate with the nursing home when you need services that the nursing home does not provide.
- See if you are interested and able to move from the nursing home back to the community and help make this happen.

If You Get Care at Home, Your Care Coordinator Will

- Evaluate your health and long term care needs. We will work with you to decide the best services for your needs.
- Help you develop your plan of care.
- Make sure the right providers are consulted.
- Help you pick long term care providers who are contracted with UnitedHealthcare Community Plan.
- Call you at least every 3 months and visit you at least once every 6 months, or more frequently as needed.

Care Coordination (cont.)

- Make sure your plan of care is carried out and works the way it needs to.
- Monitor your health care and make sure that you are getting the care you need. If you need more care, the Care Coordinator will help you.
- Tell you about community resources that might be helpful to you.
- Make sure the services you get at home are based on your needs and do not cost more than care in a nursing home.
- Help you manage your care and service needs.

Community Transition

What if I live in a nursing home and want to move out?

We want to help you live in the place that is right for you. Talk to your Care Coordinator about your options. Talk to your coordinator by calling **1-877-542-9238 (TTY: 711)**.

Member Advocate

The Member Advocate is another person at UnitedHealthcare Community Plan who can help you. The Member Advocate can:

- Help our staff and providers better understand the values and practices of all cultures we serve.
- Help you figure out how things work at UnitedHealthcare Community Plan. This may be things like filing a grievance, changing Care Coordinators or getting the care you need.
- Refer you to the right UnitedHealthcare Community Plan staff.
- Help solve problems with your care.

To reach the UnitedHealthcare Community Plan Member Advocate, call UnitedHealthcare Community Plan at **1-877-542-9238 (TTY: 711)**. Ask to speak with the Member Advocate.

Self-Direction

Self-direction means that you choose your personal care attendant. Or you may pick someone to do this for you. You also say how your care is given. Your attendant works for you instead of a provider. The attendant may do things like help with dressing or cleaning. They may fix meals or help you take your drugs, etc.

Self-direction is offered with these Kansas waivers:

- Personal services. (The waivers for this are Frail Elderly, Physically Disabled, or Traumatic Brain Injury.)
- Attendant care. (The waivers for this are Frail Elderly or Physically Disabled.)
- Long Term Care Community Care. (The waiver for this is Technology Assisted.)
- Comprehensive Support. (The waiver for this is Frail Elderly.)
- Sleep Cycle Support. (The waivers for this are Frail Elderly, Physically Disabled, or Traumatic Brain Injury.)

If you want to self-direct your personal care, you will hire, fire, train, and supervise your caregivers. You will work with a finance manager. They will help you with the paperwork. They will pay the worker and do the payroll tax forms, etc.

Ask your Care Coordinator for more details.

Additional Long Term Care Benefits

What Are My Long Term Care Services?

UnitedHealthcare Community Plan offers two types of long term care:

- Services in your home or other residential setting
- Services in an institution such as a nursing facility

How Do I Get Long Term Care Services?

To get long term care services, you must meet the requirements established by the state of Kansas. The state works with the Aging and Disability Resource Center (ADRC) to conduct the functional assessment needed to determine eligibility for the appropriate program. The ADRC is also a source of information where you can go to obtain assistance in planning for future and long-term service and support needs.

To apply for long time care services, call the ADRC at **1-855-200-2372**. For more information on the ADRC, visit their website <http://www.ksadrc.org/>.

What if I Have Hearing Loss?

If you have hearing loss or hearing aid problems, call your Care Coordinator. Talk to your coordinator by calling **1-877-542-9238 (TTY: 711)**. Some services are available if you have a hearing impairment. We can help you find a hearing doctor or hearing equipment.

See the table below and on the following pages for UnitedHealthcare Community Plan's long term care services.

Service	Description	Requirement	Home and Community-based (HCBS) Waiver
Custodial/ Residential Care	Member moves from home into a custodial/residential care facility.	No Prior Authorization	• All long term care eligible members.
Skilled Nursing in a Nursing Facility	Member moves from home into a skilled nursing facility.	Prior Authorization	• All long term care eligible members.
Personal Emergency Response System (PERS)	A call button so the member can get help in an emergency. Use it when the caregiver is not around. This service is not available if the member: <ul style="list-style-type: none">• Lives in a nursing home.• This facility already has a way to help the member when needed.	Prior Authorization	• Frail Elderly • Physically Disabled • Traumatic Brain Injury
Adult Day Care	A place that provides supervised care and activities during the day.	Prior Authorization	• Frail Elderly

Additional Long Term Care Benefits (cont.)

Service	Description	Requirement	Home and Community-based (HCBS) Waiver
Assistive Technology	<p>Assistive technology are items that improve or assist with daily living. Items may include but are not limited to, bath benches, lift chairs, grab bars, and ramps.</p> <p>Limited to \$7,500 lifetime maximum.</p>	<p>Prior Authorization</p>	<ul style="list-style-type: none"> • Physically Disabled • Technology Assisted • Traumatic Brain Injury
Attendant Care – Provider or Self-Directed	<p>An attendant is trained to assist with activities the member cannot perform or for which he/she may need some assistance. There are three levels of care.</p> <p>Limited to 12 hours per day maximum.</p> <p>Self-direction is available for this service.</p> <p>Level One activities may include:</p> <ul style="list-style-type: none"> • Shopping, house cleaning, meal preparation, laundry, and supervision of grooming or eating • Supervision of mobility, such as getting in and out of bed, a wheelchair or vehicle and bathing or toileting • Accompaniment to medical appointments • Assisting in completion of paperwork; for example, filling out forms or paying bills • Supervision and set-up of medication <p>Level Two activities may include:</p> <ul style="list-style-type: none"> • Physical assistance with bathing, dressing, walking, or transfers • Routine monitoring of vital signs, such as blood pressure • Care of ostomies, wounds, or catheters • Feeding which requires tubes and/or special nutrients • Assistance with medications (nurse delegation may be required) • Assistance with range-of-motion activities <p>Level Three activities include levels One and Two above but are performed in adult care homes</p>	<p>Prior Authorization</p>	<ul style="list-style-type: none"> • Frail Elderly

Service	Description	Requirement	Home and Community-based (HCBS) Waiver
Attendant Care	This service enables the member to accomplish tasks or engage in activities that they would normally do themselves if they did not have a mental illness.	Prior Authorization	<ul style="list-style-type: none"> • Serious Emotional Disturbance
Comprehensive Support – Provider Directed or Self-Directed	<p>One-on-one non-medical assistance, observation, and supervision provided to a cognitively impaired adult to meet their health and welfare needs. The provision of comprehensive support does not entail hands-on nursing care. The primary focus is supportive supervision.</p> <p>Self-direction is available for this service.</p> <p>Limited to 12 hours per day maximum and cannot exceed 24 hours in combination with any other Frail Elderly waiver services.</p>	Prior Authorization	<ul style="list-style-type: none"> • Frail Elderly
Medication Reminder	<p>System provides the member with a scheduled reminder to when it's time to take his/her medications. The reminder may be a phone call, an automated recording or an automated alarm; depending on the system.</p> <p>Limited to members living at home alone.</p>	Prior Authorization	<ul style="list-style-type: none"> • Frail Elderly • Physically Disabled
Sleep Cycle Support Self-Directed or Provider Directed	<p>Provides assistance in the home, during sleeping hours. This service may include help with toileting, transferring in and out of bed, getting around, or reminding the member to take medications.</p> <p>Self-direction is available for this service.</p> <p>Limited to 12 hours or less in a 24-hour timeframe.</p>	Prior Authorization	<ul style="list-style-type: none"> • Frail Elderly • Physically Disabled
Home Delivered Meals	<p>The meal must be prepared elsewhere and delivered to the member's home.</p> <p>Limited to 1 or 2 meals per calendar date.</p>	Prior Authorization	<ul style="list-style-type: none"> • Physically Disabled

Additional Long Term Care Benefits (cont.)

Service	Description	Requirement	Home and Community-based (HCBS) Waiver
Home Telehealth	A remote monitoring system provided to the member to monitor and recognize early signs of health issues. Limited to two installations per calendar year.	Prior Authorization	• Frail Elderly
Personal Services – Provider or Self-Directed	An attendant is trained to assist the member with activities he/she cannot perform or for which he/she may need some assistance. Such as: bathing, grooming, toileting, dressing, transferring, eating, mobility, housecleaning, meal preparation, laundry, etc. Self-direction is available for this service. Limited to a maximum of 10 hours per 24-hour time period.	Prior Authorization	• Physically Disabled
Therapies (Behavior, Cognitive, Occupational, Physical, and Speech/Language)	Therapy Services for Traumatic Brain Injuries Limited to 780 hours per calendar year for any combination of TBI therapies (behavior, cognitive, occupational, physical, and speech/language).	Prior Authorization	• Traumatic Brain Injury
Transitional Living Skills	Provide opportunities to develop and/or relearn skills for independence and quality of life. Limited to transitional training of 4 hours daily and 780 hours per calendar year.	Prior Authorization	• Traumatic Brain Injury
Health Maintenance Monitoring	This service is provided at the same time as provider directed or self-directed personal care attendant care services. This service is intended to make sure the member's medical needs are being met.	Prior Authorization	• Technology Assisted
Independent Case Management	Assists the member in gaining access to necessary waiver and other state plan services, as well as necessary medical, social, educational and other services. Limited to 10 hours per month with maximum of 32 hours per year.	Prior Authorization	• Technology Assisted

Service	Description	Requirement	Home and Community-based (HCBS) Waiver
Intermittent Intensive Medical Care (IIMC)	Designed to provide the member with an additional service choice in order to meet specific skilled nursing care needs that cannot be performed by the attendant. Such as: IV therapy, home dialysis, etc. Limited to 4 hours per day not to exceed 14 days per month.	Prior Authorization	• Technology Assisted
Specialized Medical Care	Provides long term nursing support. The intensive medical needs of the member must be met to ensure that he or she can choose to live outside of a hospital or institutional setting. Limited to 252 hours per month.	Prior Authorization	• Technology Assisted
Long Term Community Care Attendant – Provider or Self-Directed	An attendant is trained to assist the member with activities he/she cannot perform or for which he/she may need assistance. Such as: bathing, grooming, toileting, dressing, transferring, eating, mobility, housecleaning, meal preparation, laundry, etc. Self-direction is available for this service. Limited to 372 hours per month.		• Technology Assisted
Medical Respite	A temporary service provided to give the caregiver some relief. Medical respite must be provided in the place of residence. Limited to:168 hours per calendar year.	Prior Authorization	• Technology Assisted
Consultative Clinical and Therapeutic Services	Therapeutic services focusing on the diagnosis of autism. The autism specialist assesses the child and family’s strengths and needs, coordinates services, provides training and technical assistance, and monitors the child’s progress. Limited to 200 units per calendar year.	Prior Authorization	• Autism

Additional Long Term Care Benefits (cont.)

Service	Description	Requirement	Home and Community-based (HCBS) Waiver
Family Adjustment Counseling	Services offer guidance and assistance to the family members in coping with the child's condition and daily needs. Limited to 48 units per calendar year.	Prior Authorization	• Autism
Intensive Individual Supports	Services provided to a child with autism to assist in acquiring, retaining, improving, and generalizing the self-help, socialization, and adaptive skills necessary to reside and function successfully in home and community settings. Limited to 100 units per week per calendar year.	Prior Authorization	• Autism
Interpersonal Communication Therapy	Includes the development of skills such as conversation skills. Limitations: 8 units per calendar week.	Prior Authorization	• Autism
Wraparound Facilitation	Wraparound facilitator is to form the wraparound team consisting of the member's family, extended family, and other community members involved with the member's daily life for the purpose of producing a community-based, individualized Plan of Care. This includes working with the family to identify who should be involved in the wraparound team and assembly of the wraparound team for the Plan of Care development meeting.	Prior Authorization	• Serious Emotional Disturbance
Independent Living/ Skills Building	Designed to assist members who are or will be transitioning to adulthood with support in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to be successful in the domains of employment, housing, education, and community life and to reside successfully in home and community settings.	Prior Authorization	• Serious Emotional Disturbance

Service	Description	Requirement	Home and Community-based (HCBS) Waiver
Short Term Respite Care	<p>Provides temporary direct care and supervision for the member. The primary purpose is to provide relief to families/caregivers of a member with a serious emotional disturbance.</p> <p>Limitations: Not available to members in foster care because that service is available through child welfare contractors.</p>	Prior Authorization	<ul style="list-style-type: none"> • Serious Emotional Disturbance
Parent Support and Training	<p>Designed to benefit members experiencing a serious emotional disturbance who without waiver services would require state psychiatric hospitalization or psychiatric residential treatment facility treatment. This service provides the training and support necessary to ensure engagement and active participation of the family in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process.</p>	Prior Authorization	<ul style="list-style-type: none"> • Serious Emotional Disturbance • Autism
Professional Resource Family Care	<p>Provide short-term and intensive supportive resources for the member and his or her family. This service offers intensive family-based support for the member's family through the utilization of a co-parenting approach provided to the member in a surrogate family setting.</p> <p>Limited:</p> <ul style="list-style-type: none"> • May not be provided simultaneously with Short Term Respite Care services. • Not available to members in foster care because that service is available through Child Welfare Contractors. 	Prior Authorization	<ul style="list-style-type: none"> • Serious Emotional Disturbance

Additional Long Term Care Benefits (cont.)

Quality Oversight on HCBS Waivers

The state oversees HCBS waiver services. KDAD'S Quality Management Specialist's (QMS's) review case files and talk to consumers and providers. They review files to see that requirements are being met. They check compliance with state and federal rules. They ask about satisfaction with services. They ensure good use of state and federal dollars. QMS's check the accuracy of assessments. They check to see if the services are proper and timely. They talk to consumers in their homes. QMS' also license community service providers.

Random case reviews are done each quarter. QMS's may also do special reviews. These may be to check on concerns. They may be to review events or complaints. The results are sent to the MCO. The MCO has 10 business days to respond in writing.

Money Follows the Person

The Money Follows the Person (MFP) program helps residents of nursing homes transition back to the community. It pays utility deposits and some of the costs to set up a residence. (These may total up to \$2,500.) The waivers it serves are Frail Elderly (FE), Physical Disability (PD) and Traumatic Brain Injury (TBI).

All MFP services need prior authorization (PA). Contact your Care Coordinator to learn more.

Note: The MFP grant has rules on housing. Recipients may not live in residential care facilities, homes plus or boarding care homes.

Patient Liability

Patient Liability is set by the State of Kansas. It is the amount a member must pay each month for their long term services and supports. This applies to members in a facility or in the Home and Community Based Services (HCBS) waiver.

Nursing facilities collect patient liability from the members. They may take legal action to collect. UnitedHealthcare deducts this amount from the net payment to the facility. If a member fails to pay his or her patient liability, the facility may refuse more services. The facility must show UnitedHealthcare that it has made a good faith effort to get the payment. It must notify the member's Care Coordinator prior to discharge. The member should be told what can happen if they do not pay. It could mean that they will be disenrolled from the KanCare program.

HCBS providers collect the patient liability. They do not bill UnitedHealthcare for any portion of it.

