Waiver Integration Stakeholder Engagement Workgroup (WISE) Workgroup Report

Background

The Kansas Department for Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS) are proposing the integration of the Home and Community Based Service (HCBS) Medicaid waiver programs. The goal of waiver integration is to create parity for populations served through HCBS programs, offer a broader array of services, improve transitions between HCBS programs, support development and expansion of community-based services, and to make things simpler for KanCare members.

Purpose

The purpose of the Waiver Integration Stakeholder Engagement Workgroup **(**WISE Workgroup) is to provide recommendations concerning five key focus areas including:

- Access, Eligibility and Navigation
- Service Provision and Limitations
- Provider Qualifications and Licensing
- Policy and Regulation Review
- Education, Training and Communications

Through a series of four (4) meetings, these groups convened to discuss wavier integration from the perspective of their focus area. The following recommendations are the outcome of these meetings.

Focus Group Recommendations

I. Access, Eligibility, and Navigation

A. Access

1. The transition for a recipient to the 1115 Waiver should occur no later than their birth month. An exception process should be defined to allow for earlier transitions when needed in order to access new services.

2. For those whose eligibility is determined 45 days or less from the date of implementation of the 1115 Waiver, the Individual Service Plan of Care (ISPOC) may include both 1915(c) Waiver services and 1115 Waiver services that start on day of implementation. This will eliminate the need for the ISPOC to be redone shortly after eligibility is established to incorporate the new services when needed.

3. Eliminate waitlists. In the event this is unachievable, no disability population should be disproportionately negatively affected if there is an increased need in one disability population.

4. Cost savings through efficiencies under the 1115 Waiver should be allocated first to the waitlist. Furthermore, the group requests that this is both written into the proposed 1115 Waiver and into contracts that KDADS develops with the MCO's.

5. Recipients should qualify for the wavier based on need rather than date of request or wants. The needs assessment criteria should be reviewed and strengthened so as to be more objective and consistent across the waivers.

6. Maintain the current pathway to eligibility to receive HCBS wavier services.

7. Crisis requests should be decided within one business day of the receipt of the request.

B. Eligibility

1. Rather than creating Child and Adult Packages, set the age for service through the service limitation definitions.[1]

[1] If there must be packages for reasons such as EPSDT, we recommend that the Child Package runs from 0-18th birthday. The Adult Package should cover 18 years old and older. For services to the TA and SED population, services should remain available until their 22nd birthday.

2. During the period of transition to the 1115 Waiver, annual assessments should continue on the same schedule.

3. Any protection offered to recipients under the 1915(c) Waiver should be written into the 1115 Waiver. The group specifically recommends that it is prohibited to deny an individual access to the 1115 Waiver based on the ISPOC exceeding institutional care costs.

C. Navigation

1. The participant/family should be notified at least 60 days before current waiver services will end. The participant/family should be given information on options for other waiver eligibility, the eligibility determination process and other relevant information. If the participant is eligible for another waiver, the agency completing the Notice of Action is responsible for connecting the participant with the next waiver program. The goals are to eliminate interruptions in waiver eligibility and create a smooth transition.

2. Establish HCBS Eligibility Coalitions at the local level. These coalitions should focus on improving collaboration, coordination and increasing a shared understanding of the eligibility process across disability populations. This should be written into contracts and the coalition should meet at least quarterly.

3. Develop a Basic 1115 Waiver Training that is delivered or otherwise made available to providers, stakeholders and participants to improve the shared understanding of the 1115 Waiver.

II. Service Provision and Limitations

A. Overall Recommendations

1. Upon the adoption of the below recommendations, we tentatively recommend that there be only one waiver with a single menu of comprehensive services. If the State is going to create a single, integrated waiver, then the recommendations and protections in this report must be adopted and fully implemented.

B. Changes In Services- Expansion

1. Expand employment supports, including but not limited to pre/post-employment services, to all populations, where needed, for the successful employment of the consumer, offering competitive and integrated employment as the first option.

2. Expand transitional living skills service to other consumers who have a need.

3. Expand all other therapies, including cognitive rehabilitation, OT, PT, etc., to those who have a rehabilitative need to extend therapy beyond that which is covered in the state plan, including those with acquired brain injury.

C. Combination of Services

1. Combine personal care assistance services into a single service.

2. Combine all respite care except medical respite. Maintain medical respite as a separate service due to provider qualifications and duties.

3. Combine medical alert/personal emergency response system services. Maintain installation as a separate service.

4. Combine health maintenance/ wellness monitoring.

5. Combine assistive services, assistive technology and home modification.

D. New Service Recommendations

1. Sign Language Therapy

2. Support Service Provision

i. This service provides visual communication facilitation for consumers who are blind or deaf/blind.

3. Support Broker/ Service Coordinator

i. This service would provide the hands-on support needed by consumers that is not currently available for some populations and is not billable though Targeted Case Management.

III. Provider Qualifications and Licensing

A. Overall Recommendations

1. Standardize the MCO credentialing and renewal packets;

2. Develop an integrated licensing and credentialing process;

3. Provider qualifications should be simplified and broadened to be appropriate to additional disability populations;

4. Additional follow up work is needed.

B. This focus group provided the comparison cross walk below showing current waver services and recommended provider qualifications changes. These recommendations were provided using the following principles to guide discussion.

1. Reduce administrate burdens and streamline process for providers

2. Ensure providers are qualified

3. Maintain choice for providers and participants.

C. Service Qualification Matrix

Service	Current Waivers							Provider Qualification Changes Recommended
	IDD	FE	PD	TBI	SED	AU	TA	
Adult Day Care		X						No changes
Assistive Services/Assistive Technology/Home Modifications	X	X	X	X			X	Remove CDDO qualification requirement for IDD. Contractors to be licensed/bonded by city/county regulations (same as current).
Behavior Therapy				X				BCBA OR Masters in behavioral science or special ed. certification; 40 hours of training related to population served or 1 year of experience serving the population
Cognitive Rehabilitation				X				Masters in behavioral science field or special ed. certification; 40 hours of training related to population served or 1 year of experience serving the population
Comprehensive Support		X						No changes

Consultative Clinical & Therapeutic Services (Autism Specialist)						X		BCBA OR Masters in behavioral science field and completion of the state curriculum plus 1,000 hours of training with autism population for BCBA or 2,000 for master's degree.
Day Supports	X							No changes but would not recommend combining adults and children in the same program.
Family Adjustment						X		No changes
Financial Management	X	X	X	X			X	No changes
Health Maintenance							X	No changes
Home Telehealth		X						No changes
Home-Delivered Meal			X	X				No changes
Independent Living/Skills Building					X			No changes except if not working with SED population then supervision would be by a licensed entity (not limited to CMHC).
Intensive Individual Supports						X		21 yrs of age; Work under BCBA or Masters degreed professional; HS Degree or Equiv; 2000 hrs experience with population; state curriculum as applicable
Intermittent Intensive Medical Care							X	No changes other than include state curriculum would be specific to the population served (not limited to TA).
Medical Respite Care							X	No changes
Medication Reminder		X	X	X				No changes
Nursing Evaluation Visit		X						No changes
Occupational Therapy				X				Eliminate 40 hours of disability specific education requirement.
Oral Health Services		X						No changes

Service	Current Waivers							Provider Qualification Changes Recommended
	IDD	FE	PD	TBI	SED	AU	TA	
Parent Support & Training					X	X		No changes other than preference for experience with the specific population (not just SED).
Personal/Attendant Care/Personal Assistants/Supportive Home Care	X	X	X	X	X		X	18 years of age or high school diploma supervised by licensed facility plus disability specific training consistent with policy requirements (as relates to relationship).*
Personal Emergency Response/Medical Alert Rental	X	X	X	X				Remove the CDDO affiliation requirement.
Physical Therapy				X				Eliminate 40 hours of education requirement.
Professional Resource Family					X			No changes
Residential Supports	X							No changes
Respite/Short Term/Overnight	X				X	X		18 years of age; supervised by licensed entity (not limited to CMHC supervision) and state curriculum for autism if serving that population.
Sleep Cycle Support	X	X	X	X				18 years of age, high school diploma supervised by licensed facility plus disability specific training consistent with policy requirements (as relates to relationship).
Specialized Medical Care	X						X	No changes
Speech & Language Therapy/Interpersonal Communication Therapy				X		X		Licensed speech therapist; 40 hours of training related to population served

Service	Current Waivers							Provider Qualification Changes Recommended
	IDD	FE	PD	TBI	SED	AU	TA	
Supported Employment	X							18 years of age, high school diploma supervised by licensed facility plus certification for supported employment (examples: Certified Employment Support Professional. ACRE Certified Support Specialist, etc.).
Transitional Living Skills				X				18 years of age, high school diploma supervised by licensed facility plus certification in transitional living skills specific to disability
Wellness Monitoring	X	X						LPN with specialized training under the supervision of RN (consistent with nurse practice act).
Wraparound Facilitation					X			No changes other than broaden training requirement to include other disabilities.
Supports Broker								BA/BS or work experience/combination with training requirement specific to disability/age population
Self-Directed - Services								No changes

*Consensus was not reached on the age limit for this service and this might be an area for further stakeholder discussions.

IV. Policy and Regulation

A. Establish an Operational Council to assist with a detailed regulation/policy review and development of specific recommendations to operationalize the integrated waiver.

B. Establish a clear timeline for interim steps for collaboration between the Operational Council, KDADS and KDHE to ensure adequate time for thorough review and drafting of revisions or development of new regulations and policy as needed with a contingency plan to push back the target implementation date as necessary.

C. KDADS and KDHE should immediately establish a Policy Advisory Council to include stakeholders representing systems responsible for delivery of waiver programs. This advisory council will assist State staff in the development/revision of current policy needed to support the 1915(c) waivers in place and would continue under an integrated waiver.

D. The State should develop a specific plan for communication regarding regulation and policy. Regulations and policies should be easily located by end users and should be clear, concise and accessible; this should include a single access point to find the same information for all waiver populations. Regulations and policies should be understandable to those impacted by them and involved in the public review and comment. The State should use plain language and various methods; the State should not rely on only on its website or internet access as a means of posting to the public for review and comment (consider use of social media).

E. Collaborate with stakeholders to write an integrated waiver program manual (like Autism and SED waivers) and develop a basic set of policies to further operationalize aspects of the program manual.

F. The following topics should be addressed through regulation and/or policy for transition to an integrated waiver:
   - Program Oversight/Administration (process for manual development, regular reviews and updates; compliance for consistent application of all policies across populations and locations throughout the state)
   - Eligibility (criteria, functional assessment, exceptions, assessor qualifications/training).
   - Access (to funding or specific services, exceptions due to crisis or priority populations)
   - Waiting List
   - Transitions (multi-eligibility, benefits packages/services)
   - Person Centered Support Planning (PCSP) and service delivery

- Conflict of Interest avoidance
- Grievance/Appeal/Conflict Resolution regarding beneficiary Rights & Responsibilities
- Rights & Responsibilities of Persons Served (including all settings)
- Critical Incidents & Freedom from Abuse, Neglect & Exploitation
- Gatekeeping
- Quality Assurance/Continuous Quality Improvement/Program Integrity
- Prompt Payment
- Self-Direction
- Data Integrity and Management

G. All regulations and/or policies for the 1115 Integrated Waiver should preserve 1915 (c) Waiver Protections/Assurances including:

- Administrative Authority, including but not limited to ADA, DDRA, Article 63 and Article 64
- Number of Waiver Participants
- Health and Welfare to include Medicaid Entitlement Language
- Access to Services
- Level of Care Assurances
- Service Plan
- Continuity-of-care period during the transition to the integrated waiver

V. Education, Training and Communications

A. General

1. Clearly define success

2. The state agencies and MCOs should work to improve management information systems and transparency, especially communication of data and measurable outcomes.

3. Continue to bring state staff and all stakeholders together (including providers, MCOs, advocates, and consumers) to communicate, collaborate, and work together.

B. Communication

1. Make sure all documents use both person-first language and plain language at the sixth-grade level.

2. Fix Inconsistent Notices of Action

    i. NOAs sometimes have incorrect due-process information.

    ii. Clarify inconsistent information as it relates to the two-prongs of eligibility (financial and functional eligibility).

3. Have consistent communication with consumers about client obligation and establish consistent collection practices across the state.

4. Regular, planned communication-both verbal and written.

5. Improve the process to store and change addresses

6. Quickly reduce uncertainty.

C. Education/Training

1. Utilize the State universities.

2. Utilize peer to peer training.

3. Utilize the train-the-trainer model.

4. Utilize a wide variety of mediums to provide the training and education.

D. Provider Training:

1. We recommend there be a process through which all providers would be required to receive a waiver integration certificate before they can provide services.
2. Clearly communicate there are multiple eligibility steps to go through and where consumers are in that process.

3. Be sure to educate providers about resources to help consumer answer questions.

4. MCO staff needs more education about all of the benefit plans and the services available. There needs to be a more unified, consistent message on what is allowed and not allowed as well as where ultimate authority rests.

5. Clarify for providers as to how each population qualifies for the benefit plan.

6. Provide more standardization in training for direct care/personal care workers for agency-directed services.

7. Provide more education of DCF Adult and Protective Services workers, Child Protection workers, and the child welfare providers of the services available in the benefit plans. Provide generalized training to them on the benefits and services.

8. Ensure that the goal of helping people to become more independent remains a prominent component of the program.

9. We are also recommending there be a basic series of trainings most providers should have and these could include the following:

    a. Health and Safety
    b. Basic First Aid
    c. CPR
    d. Basic 101 Medicaid training
    e. HIPAA
    f. Abuse, Neglect, and Exploitation
    g. Basic Person-Centered support planning/person first "thinking skills"
    h. Basic medication side effects

Conclusion

The next step in the process is to provide these recommendations to the broader stakeholder network. After gathering comments on the recommendations, state staff will determine the need for additional work group meetings and the topics requiring discussion.

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