

Final Rule Stakeholder Call

Topic: Review Settings Inventory and Settings Assessment Page 14 and 22 of the STP (Draft).

09/06/2017

Noon call (35 participants on the line)

Question:

1. Isolation on housing in most areas it depends on what the client can afford, the cost the rent, and so on, will that be a consideration in assessing the setting or is there an alternative.
 - a. If you look at the rule, it makes considerations for other factors that we all face in choosing our housing and roommate options. A person has to be able to choose their setting within options that are within their means. So all of that is a part of the consideration of the final rule and will be looked at when considering compliance.
2. I noticed in the email that went stating KDADS is considering having one a month calls and asking for feedback, the email indicated that the decision has already been made to have them on the third Wednesday is that correct?
 - a. That's what we are planning on but we would love to hear your feedback about whether it would work for you or what you think about moving to monthly meetings.
3. We like the idea of one per month calls.
4. We would be agreeable to one call a month too.

Do you have a preference as far as first or third Wednesday of the month?

5. We don't have a preference

Evening Call (4 participants on the line)

Question:

1. I had a question in relationship to the assessment. What were some of the key mile stones that the state wants to accomplish? This was not detailed in the actual transition as it was resubmitted to CMS. What would the key milestones be in the assessment? So far as they had to do self-reporting and evaluations from the inventory matching that who thought they were compliant or not. What actual milestones might be used for the assessment process?
 - a. Are you specifically referring to milestones relative to individual provider settings or the data as a whole?

The state as a whole just because at this point the specifics of provider's settings aren't even detailed.

- a. One of the statements found in the plan under the settings inventory is that the state identified getting a good inventory in place, one that is more reliable and perhaps easier to ascertain at this point one in time. So one of the recommendations in the plan is for the state to work with the MCO's to identify the specific settings where services are being delivered as part of the Person Centered Service Plan. So there would be more integrated

data if we wanted to get a real good picture of our statewide inventory. Relative to the setting inventory on page 22 where we talk about the settings assessment, we notice in the plan some of the reasons for non-compliance. So those would be some of the milestones we need to focus our greatest attention on. One of those areas being non-compliance with general HCBS characteristics another one is isolating characteristics. That would be settings that have the effect of isolating individuals from the greater community. Then the third area cited for potential noncompliance again on provider attestation would be having characteristics of an institutional setting. The plan goes into more detail about which of those categories are for instance noncompliant of general HCBS characteristics. One of the points is that the residential unit or location is a specific location or place that can be owned rented or occupied under a legally enforceable agreement by an individual receiving services. We had calls about landlord tenant laws, and some type of agreement, those discuss actually having a place to provide protection for the person in the dwelling where they live. Privacy in their sleeping units was another area that was highlighted, having the freedom and support to control their own schedules and activities, having access to food at any time, insuring that individuals are able to have visitors of their choosing at any time, and physical accessibility. The characteristics of institutional settings would be settings that are located in a building that is a publicly or privately operated facility providing inpatient institutional treatment. Sometimes were a part of different facilities some are different types of residential services and some are more restrictive than others or located in close proximity and not on the same campus per say so those are some areas providers have voiced as areas of concerns. In terms of milestones those would all be areas where we would be trying to effect some change in a realistic and measurable way.

2. Thank you I appreciate that. That helped detail how there could be more integrated data. As a provider in Johnson County I think that would be very helpful I see that there is a lack of information on some of the data. I think for the actual milestones I see reasons that would evaluate compliance of non-compliance. So would the actual milestones be when the MCO's are designating that a provider is not isolating and is no in institutions? Would that be a milestone that would need to be reached by a certain time frame?
 - a. Yes. There is a template that CMS has provided to date, it's basically a milestone reporting template for working at the different aspects for our state transition plan and engaging it based upon certain milestones, and where they're met. We might capture discuss the milestone template and what they are and what has been identified by CMS. That might help to provide a better framework than what I might be able to speculate based on what Kansas' plans because there is a CMS document that each state is using to track in a standardized way. So that might be good information to share to help deal some understanding on the milestones and how they are tracked and recorded.
 - b. We will get that in the meeting notes for this call and I made a not as well so that we make sure that it gets on the list for a future topic.
 - c. That's exactly why I like these calls because that is an idea that and a great on that I don't think I would not have come up with on my own. Thank you.

3. I work specifically with the IDD population. Since there has been a lot of shift in transition, I would even use chaos, that has sometimes happened with our stakeholders and specifically our clients from KanCare happening and things that have happened unique to Kansas. I would just give the feedback that, I'm sure it's tricky, when to give information and when not to give information, but when it comes down to making sure that we are ultimately financially viable the hardest thing is looking at these big ideas like isolation or institutionalization and ultimately knowing that with those regulations and changes we still have to be able to pay people a living wage in order to have them actually serve our clients. Nothing specific unless you would want to ask me but just kind of mirroring that for the big idea how these are implemented in the next few years.

Question: If you have feedback would you moving the calls from first or third Wednesday.

1. I think it's a great idea I think and I'm sure that would be very helpful during the holidays but I would emphasize once the initial approval is made by CMS there may be an increase for need to speak more directly about specifics at that point since there would be initial approval. And additionally to emphasize on KDADS there is only the written notes it would be helpful to have the audio for those that would miss that once a month meeting.

Adjourn

September 20th Sight Specific Assessment.