

Kansas Home and Community Based Services Settings Rule Amended Statewide Transition Plan. August 31, 2016

Purpose

On March 17, 2014, the Centers for Medicare and Medicaid Services (CMS) issued the Home and Community Based Services Settings Rule (called the Rule in this transition plan). The Rule requires states to review and evaluate Home and Community-Based Services (HCBS) Settings, including residential and nonresidential settings. States are required to analyze all HCBS settings where HCBS participants receive services to determine current compliance with the Rule. The Kansas Department for Aging and Disability Services (KDADS) has created a Transition Plan to assess compliance with the HCBS Settings Rule and identify strategies and timelines for coming into compliance with the Rule. The federal regulation for the new rule is 42 CFR 441.301(c)(4)-(5). More information on the rules can be found on the CMS website at www.medicaid.gov/hcbs.

Kansas submitted their initial statewide transition plan on March 17, 2015. Kansas has undergone staff changes and as a result changed direction with their Statewide Transition Plan and implementation. As a result of this change and in accordance with requirements set forth in the Rule release January 16, 2014 (See 42 C.F.R. 441.301(c) (6)), Kansas now submits their amended Statewide Transition Plan. Changes include increasing stakeholder participation, revised timelines, and proactive approaches for engaging stakeholders. This new direction will allow a smoother transition for service recipients, HCBS providers, and the state. This amended plan includes previous and ongoing public comment sessions.

The amended Statewide Transition Plan draft is open for public comment from, November 28, 2016 through December 28, 2016. The public comment period will be open for 30 days to allow an opportunity for HCBS consumers, providers, stakeholders and other interested parties to provide input on the Transition Plan. Notice of comment period is posted on the KDADS web site and at each CDDO and Aging and Disability Resources site.

The Rule applies to all programs that provide home and community based services. In Kansas, the Rule applies to all settings where home and community based services are provided in the following programs:

- Frail Elderly (Ages 65+) - Services provided in an individual's home or Adult Care Home. State Licensed Adult Care Homes include Assisted Living, Residential Health Care, Home Plus and Adult Day Care.
- Autism (child who starts services prior to the age of 6) - Services provided in an individual's home
- Intellectual and Developmental Disabilities (Ages 5+) - Services provided in an individual's home, shared living or group setting, day programs and sheltered workshops
- Physical Disability (Ages 16 – 64) - Services provided in an individual's home or Adult Care Home
- Serious Emotional Disturbance (Ages 0 – 18) - Services provided in an individual's homes.
- Technology Assisted (Ages 0 – 21) - Services provided in an individual's home
- Traumatic Brain Injury (Ages 16 – 64) - Services provided in an individual's home

The Kansas Department for Aging and Disability Services is posting the draft Transition Plan for public comment prior to submitting a final Transition Plan to CMS. The final amended Transition Plan will include:

Systemic Assessment (completed)

- Inventory and description of HCBS settings
- Review of Statutes, regulations, contracts, policies and manuals
- Setting types that are in compliance, partial compliance, or not in compliance with the HCBS settings rule, or require heightened scrutiny

Settings Assessment (in process)

- Assessments by desk review and onsite visits for HCBS settings
- Identifying areas of non-compliance
- Identifying the number of individuals affected by the HCBS Settings Rule

Remediation (ongoing)

- Plan from providers to the state with timelines to come into compliance with the Rule
- For providers unable to come into compliance, a transition plan to move individuals to settings that are in compliance with the Final Settings Rule, the provider will provide a transition plan for the individuals to locate into a setting that is in compliance with the rule
- Ongoing and continuous monitoring

Heightened Scrutiny (in process)

- For settings presumed by CMS and/or the State not to comply with the Final Settings Rule, the state will request heightened scrutiny for the settings. An onsite visit is conducted to determine if there is sufficient evidence to present to CMS that the setting is in fact community based. Settings in Kansas that require heightened scrutiny are sheltered workshops, day programs,

adult day care, Assisted Living, Residential Health Care, Home Plus facilities that are attached or on the ground of an institution

Ongoing Monitoring

- Ensuring ongoing compliance with the Final Settings Rule

Public Engagement (ongoing)

- Notifying affected individuals about the impact of the HCBS settings rule and related changes
- Providing forums for public comment and responses received
- Including public comments and responses
- Developing and/or revising the Transition Plan based on input received
- Assisting in the development of a transition plan to come into compliance with the settings rule

Systemic Assessment

The state initiated internal strategy meetings with the commissions within KDADS and other state agencies to review regulations, statutes, contracts, policies, procedures and practices for assuring compliance with the Rule. The State Medicaid Agency, the Kansas Department of Health and Environment (KDHE), is represented and participates in trainings and meetings related to the Rule. The State Operating Agency (KDADS) and The State Medicaid Agency (KDHE) meet twice monthly to review the State's progress in coming into compliance with the Rule. A KDHE representative participates in statewide public comment sessions and trainings.

HCBS waivers were reviewed for compliance in March 2016. The change in direction of the Statewide Transition Plan by the state will require revisions to individual HCBS waivers. Required waiver revisions include changes in the language for the State Transition Plan that are necessary to comply with the Rule. This will be completed in coordination with the State Medicaid Agency (KDHE) and CMS.

Adult Care Home State Statutes¹, Kansas Administrative Regulations, and IDD licensing regulations² were cross-walked¹¹ for compliance with the Rule. Current regulations address all but a few areas of the Rule that will be incorporated into new regulation. A review of State Statutes and Regulations revealed a need for the State to make a change in Adult Care Home Regulations to incorporate appeal rights for individuals living in State Licensed Adult Care Homes. Current policy provides adequate notice for involuntary discharge but does not identify appeal rights. To rectify this, Kansas will utilize the regulatory process for inclusion of appeal rights in the Kansas Administrative Regulations. Changes could take up to two legislative sessions to complete and new or updated regulations should be effective by 2018. Current State Regulations do not address locks on bedroom doors or provide the opportunity to select with whom to eat. However, Adult Care Homes have implemented culture change and are providing individuals opportunities to choose where and with whom they have meals. This process is part of the state survey process and if not followed, results in a deficient practice during the survey process. In some cases, in order to ensure the safety of persons served, Special Care Units may need to restrict access to unsupervised areas outside of the unit. This is addressed in the person-centered service plan. For provider-owned or controlled settings, a lease is required but may not meet the

landlord tenant act. State licensed facilities have a written agreement requirement; however, it may not include the intent of the landlord tenant act. Kansas plans to add this requirement by regulation or policy for all settings. The state licensed facilities would be required to have a lease or written agreement having the intent of the landlord tenant act. KDADS legal staff are working with HCBS staff to draft regulatory language and policy for the changes required.

Kansas is in the process of revising all policies related to and affected by the Rule to incorporate language that meets the requirements of the Rule. Policies and manuals³ will be updated by January 2017. The Residential policy and Person-Centered Planning policy have already been revised. All IDD policies are in the process of being updated including the Inclement Weather policy for Day Services along with Targeted Case Management (TCM) and will be completed in 2017. New policies or updates to existing Kansas policies that impact HCBS will incorporate language in order to comply with the Rule. Changes in policies require a posting and a public comment period as well as being processed through the State Medicaid Policy review.

Contracts affecting HCBS were reviewed and when renewed in 2017 will incorporate language to comply with the Rule. This includes contracts with Managed Care Organizations, Community Mental Health Centers, Community Developmental Disability Organizations (CDDOs), Aging and Disability Resource Centers (ADRC), Financial Management Services (FMS), and CDDO affiliation agreements. Language will be added for Care Coordinators from the Managed Care Organizations to report to the State any non-compliance issues related to the Rule.

The Managed Care Organizations (MCO) will incorporate language for the Final Rule to ensure any HCBS providers meet the requirements of the Rule when credentialed by the (MCO). Kansas will require Managed Care Organizations to provide ongoing training on person centered service planning and HCBS setting criteria.

Settings Assessment

The state began settings assessments by completing an analysis (Settings Analysis)¹² of setting types in Kansas that describes the different settings and estimated level of compliance for each at the beginning of planning for and implementation of the Rule. This settings analysis provides an overview of settings, how they are currently reviewed, and can be monitored after 2019. It also provides a framework of understanding who to engage when developing the onsite assessment process.

Provider Surveys

Kansas posted a provider self-attestation survey⁵ online from May 20, 2015, through June 15, 2015. The survey allowed providers to share information about their current compliance with the requirements of the Rule. The state received 650 responses to the survey. In order to allow providers another opportunity to provide information about their settings compliance, a second provider self-attestation survey⁶ was posted online in May of 2016. This resulted in 296 additional responses. After reviewing the data from the attestation surveys, all HCBS providers will be contacted by mail notifying them of their level of compliance with the Rule

and next steps. Providers may fall into one of five compliance categories: fully compliant, not yet compliant, requiring heightened scrutiny, did not respond to the attestation survey and those settings that do not or are unable to come into compliance. The total number of providers completing the survey totaled 946.

Onsite Assessment Process

An onsite assessment tool⁷ was developed in August 2015 by a workgroup of state staff, MCOs, and stakeholders including: parents, family members, Adult Care Homes, IDD provider groups, Assisted Living facilities, Community Mental Health Centers, and Autism service providers. Settings that are compliant based on state licensing regulations are presumed by the state to be in compliance with the rule based on the state licensing regulations. These settings will be validated for compliance with a statistically valid sample size for an onsite visit.

Onsite assessments will be completed by teams formed by KDADS, consisting of one state staff paired with volunteers. The state invited providers, provider organizations, Medicaid participants, advocates, the state ADA coordinator and Managed Care Organizations (MCOs), to coordinate efforts to conduct onsite assessments. On July 7, 2016, KDADS with Wichita State University provided training^{8,9} for onsite assessments. Attendees learned how to use the onsite review tool, received guidance on conducting assessments, and reviewed consumer rights and freedoms, waiver service descriptions, HCBS acronyms, rules and regulations for HIPAA and confidentiality before signing a volunteer agreement and conflict of interest form.

Using the onsite assessment tool that was developed, the State will conduct onsite assessments of a randomly chosen, statistically significant sample (95/5) of settings that attested to being fully compliant with the Rule requirements in order to validate data provided. A statistically significant sample (95/5) of providers that did not complete the attestation survey will also be randomly selected for onsite assessment. The list of providers not responding to the attestation survey who may be selected for onsite assessment was developed by comparing a list of all HCBS providers to the list of providers that completed the attestation survey. All settings requiring heightened scrutiny will receive onsite assessments. Providers stating their setting is not in compliance or were in partial compliance will be contacted by the state to determine next steps. The state will not conduct onsite assessments for providers noting partial compliance or non-compliance as a part of this assessment process. The state will meet with the providers who have settings that are not in compliance or are partially compliance to offer technical assistance. Providers will be required to submit their transition plan to the state with their timelines to come into compliance.

Onsite assessments began the week of July 25, 2016 for providers who attested to being fully compliant with the Rule and will be completed in October of 2016. Reviews consist of observation, record review and interviews with individuals and staff at the setting using the standard tool developed by workgroups. Those settings requiring Heightened Scrutiny will have onsite assessments during October and November 2016.

For providers receiving onsite assessments, provider notification of compliance status will occur within 30 days of the conclusion of onsite reviews. The state will schedule meetings for each provider setting type that is

partially or non-compliant with the HCBS Final Settings Rule to discuss the issues of non-compliance and answer questions for providers. The State will provide ongoing technical assistance to providers during the process.

Additional Settings Assessment Measures

A consumer survey was posted online and mailed to 3000 individuals receiving HCB services in Kansas on July 25, 2016. The survey asked individuals about their experience in their HCBS setting. The consumer survey responses will be tied to the setting to determine the individual's experience in the setting.

The consumer surveys, provider attestation surveys, and onsite reviews will assist the state in determining setting compliance. The state also reviewed the information provided in the National Core Indicator surveys for additional information from individuals about their settings and their experience in the setting where they receive HCB services.

The state reviews IDD licensed providers and settings on an annual basis and completes onsite visits for complaints. Quality Review Field staff review records and conduct face-to-face participant interviews on a quarterly basis for all Kansas HCBS waivers. Quality Review for all waivers are conducted on a quarterly basis. Program Evaluation staff pull a random statistically valid (95/5) sample for each HCBS waiver for each quarter. The collected data is stratified by waiver and MCO. The reviews consist of the individuals experience in their setting as well as global quality measures for each waiver. The protocol and interpretive guidelines have been updated and includes assurances for the HCBS Rule.

The State reviews Adult Care Homes by a survey process on a yearly basis, and surveys are completed for any complaint. A statement of deficiencies is provided to the facility and a review is completed to assure the deficiencies are corrected and the facility is in compliance.

After reviewing the list of all providers, the Quality and Licensing Program Manager and the HCBS Director will review data from the provider attestation surveys to further determine compliance of those HCBS providers.

Remediation

The state will notify providers of their compliance status by mail or email, detailing next steps. The following paragraphs outline plans for remediation based on a provider's willingness or ability to make changes that will bring their setting into compliance with the requirements of the Rule. MCOs, ADRCs, CMHCs and CDDOs, will be notified of providers coming into compliance and providers who will not meet the requirements of the rule.

Providers choosing to remediate:

Meetings will be held with each of the provider setting types to assist providers in developing their transition plans to come into compliance with the Rule. Providers making changes for remediation will be invited to participate in a learning collaboration that allows peer-to-peer learning, including sharing information and ideas and receiving information or training that may be beneficial as they consider ways to meet the

requirements of the Rule. The state will offer technical assistance to providers during their transition plan process. Additional meetings and individualized assistance will be provided as needed. Provider settings that are not yet compliant with the Rule will submit their transition plan to the State by March of 2017. All transition plans will illustrate how the provider will come into full compliance with the Rule prior to March of 2019, including specific milestones and timelines. The state will require quarterly reports from the provider and will make onsite visits to ensure the provider is meeting the milestones noted in their plan and to evaluate the providers' progress with their transition plan.

Providers unable to comply or choosing not to remediate:

Providers that believe their setting cannot comply or the provider who chooses not to come into compliance will be required to submit a plan to transition individuals into a compliant setting prior to the March 2019 compliance date. The plan must provide the individual a minimum of thirty (30) days' notice to make the change. Plans will include Targeted Case Managers (where applicable), the KanCare Ombudsman, the MCO Care Coordinator and State Licensing and or Quality Review staff. For individuals receiving IDD services, this will also include the CDDO. Choice of all setting types in compliance with the Rule must be offered to individuals and as required for the Waiver type. The choice of settings provided to the individual must be documented and designate the individual's choice of setting in the person centered service plan. If the individual chooses to stay in a non-compliant setting, the TCM, MCO Care Coordinator and State staff will provide information to the individual, their guardian, or representative that HCBS funds will not be available, should the person remain in a noncompliant setting. A person-centered service plan must be in place when the individual transitions to the new setting. Both the current provider, the new provider, the TCM (if applicable), and the Care Coordinator will work together to assure the person centered service plan is in place prior to the transition. Providers must notify the state in writing of their plans, provide updates on each individual, the plan for the individual's transition, and notify the State when the transition is completed. When the transition is completed the provider must notify the State of the new location of the individual. Plans will also be distributed to the MCO and CDDO (where applicable). Care coordinators will follow up with the individual within 30 days of the transition to assure the individual is satisfied and has adjusted to the change in setting. State quality and licensing staff will also follow up during transition of the individual.

Heightened Scrutiny

CMS has identified certain characteristics of settings that they presume are not compliant with the Rule. These settings are required to go through the heightened scrutiny process in order to overcome the presumed non-compliance with the Rule.

Characteristics of settings that require Heightened Scrutiny include:

- Settings located in a building that is a publicly or privately operated facility that provides inpatient institutional treatment;
- Settings on the ground of, or immediately adjacent to, a public institution; or

- Settings that have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS;
- Settings that are part of a group of multiple settings, co-located and operationally related such that the co-location and/or cluster serves to isolate and/or inhibit interaction with the broader community;
- Settings with design, appearance and/or location that appears to be institutional and/or isolating;
- Settings designed to provide people with disabilities multiple types of services and activities on the same site and individuals with disabilities have little to no interaction/experiences outside of the setting, resulting in limited autonomy and/or regimented services;
- Settings where individuals in the setting have limited if any interaction with the broader community;
- Settings that appears to be more isolating than other settings in the same vicinity/neighborhood:
 - The setting is a gated community;
 - The setting has fencing, gates, or other structural items setting it apart from homes/settings in the vicinity;
 - The setting is labeled by signage as a setting for people with disabilities, thus not blending with the broader neighborhood/community;
 - The setting is close to a potentially undesirable location (e.g., dump, factory, across the street from a prison or other institutional setting, etc.) that is isolating and/or inhibits individuals from interacting with the broader community.

Providers with settings presumed not compliant with the HCBS rule will be required to submit documentation to the state outlining how their settings do not have the qualities of an institution and do have the qualities of HCB settings. These providers will be notified of the need for an onsite assessment. The onsite setting assessment will be conducted for all settings requiring Heightened Scrutiny. Providers will be notified of the findings of the onsite assessment for Heightened Scrutiny within 30 days of completion of the assessment. The state will work with providers on necessary documentation demonstrating that the setting is not institutional but is HCB. Following an onsite assessment and review of the documentation, the State will determine if there is sufficient evidence to request a determination of HCB from CMS.

Settings in Kansas that require Heightened Scrutiny to be deemed compliant with the Rule include: State Licensed Facilities: including Assisted Living, Residential Health Care, Home Plus, Special Care Units, Sheltered Workshops, Day Programs and Adult Care Homes attached to a Nursing Facility.

Monitoring During Transition

As providers develop their plans for transitioning into compliance, State staff will meet with them and provide technical assistance. The provider will make their transition plan available to the State with milestone dates.

During the provider transition period, the state requires quarterly reports on progress toward compliance and updates to transition timelines from those not fully compliant. State Quality and Licensing staff will conduct onsite reviews to monitor progress during transition and the state will continue to meet with providers to provide technical assistance as requested by the provider. For providers not meeting timelines, CMS staff will be notified. Trainings will be conducted by the state on the Rule and compliance with the Rule throughout the transition process.

Ongoing Monitoring

The state will continue ongoing monitoring of all HCBS providers already fully in compliance and for providers following successful remediation using a multi-tiered approach.

- Before providers can be reimbursed for HCBS services, Managed Care Organizations will review compliance with the Rule when they credential providers.
- Licensing staff for Adult Care Homes and IDD providers will review requirements of the Rule when licensing providers to assure they remain in compliance with the Rule.
 - The IDD licensing staff conducts random onsite visits and targeted visits when there are complaints to assure compliance with the regulations, waiver and the Rule.
 - Adult Care Home surveyors complete onsite visits annually and when there is a complaint to determine compliance with State Statutes, Administrative Regulations, and the Rule.
- Quality Management Specialists currently review a random sample of HCBS waiver providers and individuals receiving services on a quarterly basis. A random statistically valid sample (95/5) of HCBS individuals are selected for review. Reviews consist of onsite consumer interviews and record reviews to determine compliance with waiver and Rule requirements. State quality staff and HCBS program managers meet quarterly to review findings from the quality reviews. Program staff complete remediation if required and review the information to provide training if required, make policy or program changes. Case Managers and MCO Care Coordinators also make onsite visits and will report any concerns to the state.
- National Core Indicators for Intellectual and Developmental Disabilities (NCI/DD) and National Core Indicators for Aging and Disabilities (NCI/AD) data will be reviewed for further data for the state to review for additional information on how individuals are viewing their experience in the setting where they reside.

Current state regulations address most areas of the Rule. Changes in regulation will be incorporated into new regulations during 2017 and 2018 through the state regulatory process. Onsite visits to licensed providers may result in findings of non-compliance, which would require a corrective action plan. Adult Care Homes receive a statement of deficiencies and required correction for compliance. A deficiency related to health and safety could result in a monetary fine and/or license revocation. During onsite visits, Licensing IDD staff provides a notice of findings and request a

corrective action plan. Uncorrected findings can lead to a monetary fine and up to revocation. Any deficiency or finding is followed-up with an onsite visit to validate compliance.

Program Integrity staff follow up on waiver services and investigate the allegation of any complaint with interviews with the complainant and provider. If a licensing issue is found, the licensing staff is notified and makes an onsite visit to determine if corrective action is required. Any allegation of abuse neglect or exploitation (ANE) reported to the State ANE reporting agency is triaged to the appropriate field staff for follow up and resolution.

Public Engagement

Public engagement¹⁰ began in June 2014 and is ongoing through the transition to compliance with the Rule.

Opportunities for public engagement in 2014:

Online Provider Self-Assessment Survey	May 20 th	June 15 th
Public Information Sessions	February	July
HCB Setting Transition Plan Public Comment Period	June 12	July 12

Opportunities for public engagement in 2015:

February	<ul style="list-style-type: none"> • Lunch and Learn IDD Provider Calls • Lunch and Learn IDD Consumer Calls • HCBS Provider Forum 	Mon/Fri - 11-12 pm Wed - 12 to 1 pm 3 rd Tuesday of
		month
March	<ul style="list-style-type: none"> • Lunch and Learn IDD Provider Calls • Lunch and Learn IDD Consumer Calls • HCBS Provider Forum 	Mon/Fri - 11-12 pm Wed - 12 to 1 pm 3 rd Tuesday of month
April	<ul style="list-style-type: none"> • Lunch and Learn IDD Provider Calls • Lunch and Learn IDD Consumer Calls • HCBS Provider Forum • Regional Public HCBS Information Sessions (450+ attendees) • LTC Round Table Forum (200 + attendees) 	Mon/Fri - 11-12 pm Wed - 12 to 1 pm 3 rd Tuesday of month April 23 rd April 24 – 30 th

May	<ul style="list-style-type: none"> • Lunch and Learn HCBS Provider Calls • Lunch and Learn HCBS Consumer Calls (every other week) • HCBS Provider Forum • Public Notice of HCB Setting Transition Plans 	Mon - 11-12 pm Wed - 12 to 1 pm 3 rd Tuesday of month May 1, 2014
June	<ul style="list-style-type: none"> • Lunch and Learn HCBS Provider Calls • Lunch and Learn HCBS Consumer Calls (every other week) • HCBS Provider Forum • Rule Information posted online – PowerPoint/Audio • Public Comment Public Comment sessions (dates on www.kdads.ks.gov) 	Mon - 11-12 pm Wed - 12 to 1 pm 3 rd Tuesday of month June 5 th June 16 - 19 th
July	<ul style="list-style-type: none"> • Lunch and Learn HCBS Provider Calls • Lunch and Learn HCBS Consumer Calls (every other week) • HCBS Provider Forum • Summary of Public Comments posted online • Transition Plan submitted to CMS for review and approval 	Mon - 11-12 pm Wed - 12 to 1 pm 3 rd Tuesday of month July 15 th July 31 st

These comments are part of the original plan. The state’s change in approach to the State Transition Plan includes new public announcements and public feedback that is also included.

Noted below are opportunities for public engagement in 2016:

Targeted meetings with Waiver representatives:

As part of the State’s plan to enhance stakeholder engagement, representatives from two waivers anticipated to be most impacted from the Rule were invited to participate in targeted meetings to hear their specific concerns. These meetings took place on June 10th, 2016. Representatives from 28 Adult Care Homes and 39 CDDOs attended their respective meetings.

June 10, 2016, HCBS Settings Final Rule and Adult Care Homes session was held in Topeka from 1:00 p.m. – 3:00.

June 10, 2016, HCBS Settings Final Rule CDDO session was held in Topeka from 10:00 a.m. – 12:00 p.m.

In-Person Opportunities for Information & Feedback:

Statewide public comment meetings were held June 14-17, 2016 in four locations across the State (Hays, Topeka, Overland Park, and Wichita) with two sessions at each location: 1:00 p.m. – 3:00 p.m. and 5:30 p.m. – 7:30 p.m.

A total of 268 people attended these public comment meetings; 26 in Hays, 75 in Topeka, 99 in Overland Park,

and 68 in Wichita. Time was allowed for attendees to ask clarifying questions about the Rule and give comments and feedback to the State. In addition to being able to provide verbal comments to the State and other attendees, feedback forms were provided to allow written comments as well. The state received 135 individual comments and 41 completed evaluation forms. Attendees liked that the Rule will provide more integration of waiver participants and hope that this will be the actual outcome of changes. Concerns centered on implementation costs, the adequacy (or inadequacy) of reimbursement rates to support meeting the requirements, and whether sheltered workshops or day services can comply with the requirements.

Another round of statewide meetings for public input on the transition plan will be scheduled following onsite assessments.

Updates at Interhab (Association of Developmental Disability Service providers) on the Final Rule June 9, 2016, and August 17, 2016

A presentation was made by the KanCare Ombudsman on July 12, 2016 to the Friends and Family Committee.

Remote/Phone Opportunities for Information & Feedback:

Lunch and Learn Calls by the KanCare Ombudsman office were held on June 1, 2016 and July 13, 2016 addressing the Final Settings Rule.

Informational Calls: KDADS is hosting twice monthly calls for stakeholders to stay updated on the State's planning for the HCBS Final Settings Rule implementation. Calls are held on the first and third Wednesday of each month at 12:00 p.m. and 5:30 p.m. beginning on July 20, 2016 and will continue through the completion of the transition plan. Questions and answers from each call will be posted on the HCBS Settings Final Rule page of the KDADS website.¹⁰

Statewide Transition Plan Workgroup:

A stakeholder workgroup of 60 individuals from all provider setting types was formed to assist the state in the Statewide Transition Plan. The group is made up of Self Advocates, Kansas Advocates for Better Care, the Disability Rights Center, Kansas Council for Developmental Disabilities (KCDD), the state ADA coordinator, Independent Living Centers, Assisted Living, Home Plus providers, Individuals receiving services, families of individuals receiving services, participants from the Friends and Family group, Self-Advocate Coalition of Kansas, Ombudsman representatives and representation from all waiver populations. They met August 5, August 23, August 31 and September 15, 2016 in Topeka to provide recommendations regarding the transition plans based on their knowledge and experience in providing HCBS services.

Four subgroups addressing sheltered workshops, person centered service planning, day programs, and Adult Care Homes with special care units worked on these topics of concern. Each group developed a plan and recommendations to assist the State with the Statewide Transition Plan for the Rule.

The recommendations from the subgroups with the state response are posted on KDADS website.

Public Notices:

Transition Plan available insert URL

Public Comments: Comments and Response: Place holder for additional public input

References/Resources

1. Adult Care Home Regulations: <http://www.kdads.ks.gov/commissions/scc>
2. IDD Licensing Regulations: <http://www.kdads.ks.gov/docs/default-source/General-Provider-Pages/Provider/IDD-Provider/idd-regulations/article-63.pdf?sfvrsn=0>
3. KDADS HCBS Policies: [http://www.kdads.ks.gov/commissions/home-community-based-services-\(hcbs\)/hcbs-policies](http://www.kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies)
4. Kansas Settings Analysis: <https://www.kdads.ks.gov/docs/default-source/CSP/HCBS/hcbs-settings-final-rule/hcbs-settings-2015/hcbs-settings-analysis.pdf?sfvrsn=2>
5. KDADS 2015 Provider Self-Attestation Survey: <http://www.kdads.ks.gov/docs/default-source/CSP/HCBS/hcbs-settings-final-rule/hcbs-settings-2015/hcbs-assessment-and-attestation-survey.pdf?sfvrsn=2>
6. KDADS 2016 Provider Self-Attestation Survey: https://wchitastate.co1.qualtrics.com/SE/?SID=SV_3yK7IBNVoz5W62N
7. Onsite Assessment Tool: <http://www.kdads.ks.gov/docs/default-source/CSP/HCBS/hcbs-settings-final-rule/hcbs-settings-2016/reviewed-assessment---4-12-2016.pdf?sfvrsn=2>
8. Onsite Assessment Training: <http://www.kdads.ks.gov/docs/default-source/CSP/HCBS/hcbs-settings-final-rule/hcbs-settings-2016/settings-final-rule-training.pdf?sfvrsn=0>
9. Onsite Assessment Process for Assessors: <http://www.kdads.ks.gov/docs/default-source/CSP/HCBS/hcbs-settings-final-rule/hcbs-settings-2016/onsite-training---onsite-assessment-process-for-assessors.pdf?sfvrsn=2>
10. KDADS Public Engagement: [https://www.kdads.ks.gov/commissions/home-community-based-services-\(hcbs\)/hcbs-waivers](https://www.kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-waivers)
11. Adult Care Home and IDD regulation crosswalk: <http://www.kdads.ks.gov/docs/default-source/CSP/HCBS/hcbs-settings-final-rule/hcbs-settings-2016/idd-and-adult-care-home-regulations-crosswalk.pdf?sfvrsn=2>
12. Settings Analysis: <http://www.kdads.ks.gov/docs/default-source/CSP/HCBS/hcbs-settings-final-rule/hcbs-settings-2015/hcbs-settings-analysis.pdf?sfvrsn=2>

13. Stakeholder recommendations: <http://www.kdads.ks.gov/docs/default-source/CSP/HCBS/hcbs-settings-final-rule/hcbs-settings-2016/summary-chart---statewide-transition-plan-recommendations.pdf?sfvrsn=8>

Appendix:

CATEGORY (by number of Residents)	TYPE OR NAME OF SETTING AND TOTAL NUMBER OF SETTINGS	STANDARD (Licensing, Certification, Regulation, State review of setting)
1. Settings fully comply with HCB characteristics		
0 – 4		
5 – 15		
16 – 99		
> 100		
2. With changes, settings will comply with HCB characteristics		
0 – 4		
5 – 15		
16 – 99		
> 100		
3. Presumptively non-HCB settings (for which state is submitting justification/evidence)		

to refute) _____		
0 – 4		
5 – 15		
16 – 99		
> 100		
4. Settings do not/ cannot meet HCB characteristics		
0 – 4		
5 – 15		
16 – 99		
> 100		