

Final Rule Stakeholder Call

Topic: Onsite Assessment

04/18 /2018

Noon call (57 participants on the line)

1. Question/comment: Where do I find that information [the provider contact form]?
 - a. WSU CODC: The form came out in a link yesterday morning with the Listserv, it was with the call reminder for this call.
2. I'm with Leading Age Kansas and we deal with elders. For those who took a self-assessment survey years ago, is this something they need to be doing all over again?
 - a. WSU CODC: Yes, I think what KDADS said before and what we've been planning is that all providers will have to take the self-assessment again, that will be a little way down the road from now. This is because they switched to a better and easier to navigate tool than the last one was. The short answer is yes, all providers will have to take it even if they did the first one.
3. I filled out the [provider contact] form on the computer. I pretended like we had group homes, we don't have any group homes. All of our folks are in apartments. We own two sets of the apartments but not the third. I filled the survey out as if they are group homes. Is that going to make me look like we are not reaching the Final Rule? It asks if you have people in provider owned homes with 4 to 3 or whatever. All of our folks live in their own apartments. There were no questions about if they live in their own apartments. We have 14 apartments. I filled it out as if it was a 14 bed group home which it is not. I think I shot myself in the foot because everyone lives in apartments but there was no option.
 - a. WSU CODC: Did you see, and I don't know if you remember, in the list of settings [on the form], towards the bottom of that list there's privately leased homes or privately owned homes, and there is provider owned or controlled homes where 1- 3 persons live or 4-8 persons live. Did none of those feel like they fit what you were looking for?
 - b. No because, they're not homes they're apartments and the whole idea of the final rule is to get people out of group homes. So I pretended like they were group homes when I answered the questions.
 - c. WSU CODC: I believe that in this instance when we say home, we mean house or apartment where the person lives. Either a privately owned residence that the person leases or is owned and controlled by the provider and it's leased from the provider. I don't think necessarily it means a house, but where the person lives. If it is a provider owned place where the person lives I believe you answered it correctly. If we need to adjust them we can.
 - d. WSU CARE: This form that was sent out yesterday is not the provider self-assessment; at this time we are not measuring compliance. This is just to get a sense of what Waivers you're serving and what settings fall under those Waivers at this time. Anything you have indicated will not have a bearing, at this time, on your level of compliance.
 - e. KDADS: The reason the provider information form is gathering that information is it will help us achieve that cross section, so if we pull 30 names it looks like they are all providing the same scope of services. That will give us good representation of people

who have IDD who are living in in some type of community setting. Or maybe we might want to look at someone doing personal care under the SED waiver. So it will help achieve that cross section.

4. So, if you're in the testing phase, is ok for us to just answer with dummy data and let you know? Obviously I don't want to create bad data in there. But if you're in testing phase, do you want that kind of help, or would that not be helpful?
 - a. WSU CODC: This form is just a contact form, it is not a test form its actual contact information. You do need the correct information for contacting providers.
 - b. WSU CARE: The form that you have filled out or we're asking you to fill out, is a separate document. This one is not an assessment. It is separate from the self-assessment that we will be implementing in the future. Field testing or user acceptance testing is precursor to the self-assessment we will ask providers to complete. That field testing should be real data. Pretty much everything that we are asking for will be real data. For the form we have right now asking for provider contacts. Please put your real information your real phone number and everything that it asks you please put real data there. From that we will gather, there's a question on this form that asks if you would be interested participating in field testing. You are welcome to answer that how you feel. From those that indicate, "Yes I would like to participate in field testing", we will pull a random sample from that list and we will contact you to participate in that field testing. Even though it is testing we will ask you to answer the questions as accurately as possible. At any time we are asking for data we will be asking for real data. For any further clarification feel free to ask but you should never be putting dummy data in either this form or field testing or the actual provider assessment.
5. Could I clarify, a few use cases that this does not accommodate? Those interested third parties that are not actual providers would like to use, and be aware of the state data collection instrument. For instance I work with the Disability Rights Center, you have the Self-Advocacy Collation of Kansas, some trade associations groups who represent providers but aren't providers themselves. They will want to know what their members and what the providers are being asked. That's why I asked because I didn't want to introduce data, but we are not a provider. It's kind of hard to see what's beyond the next thing so to speak.
 - a. WSU CARE: KDADS may have some instructions on how to show your interest but once the instrument has been finalized after field testing, we can send that instrument to interested parties that want to see what's going to be collected.
 - b. Sure, I was curious and I know that there will be others that represent various entities that will want to do the same, thank you.
 - c. KDADS: That's good feedback. We're probably going to have to send this contact information request form back out. It's worthwhile to include at this stage that specifically we're looking for contacts at provider organizations. This is a tool that we borrowed from another state where they reached out to their provider community to find out who at your provider agency do you want us to be working with? So that's the information that we are trying to gather with this form. Then the group that helps us, will go through the process of filling out the new self-assessment. This will hone and inform any changes that we will need make before it is fully implemented. Once it's implemented it will go out for broader dissemination to stakeholders that are wanting

to know what's going to be in the assessment, as well as the type of data that it's going to collect. I think it is important at this stage that we make sure that this immediate request is for information that will help us build a good inventory of provider based contacts.

6. Is this applicable to the durable medical service companies that service and provide services in members' homes? Am I in the right spot?
 - a. KDADS: For purposes of durable medical equipment that is furnished to HCBS participants. I'm not sure that there would be a real clear application for the settings criteria. Unfortunately I don't have a copy of the provider information form in front of me right now. Is there WSU, a category on the form that talks about DME?
 - b. WSU CARE: Not that I'm aware of. Once you've indicated your waiver we just ask you to indicate which setting you have associated with each waiver. I don't see that option.
 - c. WSU CODC: For further clarification I'm not sure that the Final Rule applies to durable medical providers?
 - d. KDADS: I'm trying to find a situation that it would apply. The only way that it would apply as if the DME provider was somehow rendering an HCBS service within their DME setting. Even then it would be a stretch to find how it would apply. So, my sense for DME providers is that you would not have to fill out the provider information contact form at this point and if that changes we will reach out to the DME providers specifically.

Adjourn.

Evening Call (11 participants on the line)

1. Question/comment: Is there a particular deadline when this form needs to be in?
 - a. KDADS: I'm thinking that we haven't officially announced a specific deadline. This came on over the course of the last couple of weeks to take this approach. I think we want to shoot for the June 1st date to give us time to do modifications to the tool as a result of field testing. I say we want providers to respond with their forms by May 15th. I think anything after that it will be difficult to include that provider in the draw for the field testing. Not that we couldn't accept provider information forms after that, but I think for those that are wanting to participate in the field testing we would want those forms in by May 15th.
2. So that tool is available for us to look at before the 15th of May?
 - a. WSU CODC: I think we should have it available so providers who are taking it can look at it.
 - b. KDADS: I'm not sure that we can guarantee that the assessment in its final form will be out before the 15th of May. We will shoot for that but at this stage what we are interested in is getting those provider contact information forms. That's going to be our focus at this point. Believe it or not there is a little bit involved in collecting a good inventory of names. So we're looking at as many as 3700 providers that we need to get contact information from and the list serve goes out to 1300. That's going to be a pretty good volume of information that we are going to have to process though between now and the middle of May. If we can we will try to get the assessment tool out in some kind

of fashion on the website but there is a strong chance that it will be we process the provider contact information forms just form a workload standpoint.

- c. WSU CARE: I second what KDADS said in terms of the deadline by May 15th, if you're interested signing up for the field testing we need your information by the 15th of May. Field testing will be one of the avenues which providers walk through the process of provider self-assessment and can add feedback related to the process. The published version of the provider self-assessment will not be widely available until full implementation.
- d. KDADS: If you have particular feedback on that it will be helpful, and if you feel really strongly about getting something out there and posted and able to review by the 15th that's what these calls are for. We are using these calls to gather feedback and reactions, and carrying out the process at the same time. Does having that available after May 15th sound like something reasonable?
- e. Yes, I was thinking that we went through this a few years ago. We signed up here in Ellsworth to do the thing a few years ago and it was a lot of paperwork. Someone came in for an half a day, and nothing came of it. I have the documentation from before. I think two to three years ago maybe? I was asking about the tool so I could compare, is this the same thing that we are talking about, that we had done before and is being tweaked? I'm not sure, that's the only reason that I wanted to know the tool, and I could explain because we have a new director. Not that the tool was going to make a difference of weather I was going to sign up for field testing, that's not it.
- f. KDADS: On an earlier call we talked about the providers having already done a self-attestation survey years ago. There were problems identified with that process and it did not yield the information that CMS was expecting to see. Rather than trying to resurrect that old work it made more sense to redo it. There were also interview teams that went out the provider settings. For that they used an onsite assessment tool or an onsite review tool that is just as different from this attestation survey we are trying to launch. The provider attestation tries to determine for themselves and in their own opinion whether they feel that they're compliant or not with the requirements of the final rule. This new tool is much simpler than the first tool. It will still require a provider to have quite a bit of documentation at finger tips at the time they're completing it, but you will have the ability to up load documentation like policies and procedures that will help justify your compliance. That is why we wanted to go through the user acceptance testing. To make sure the web tool will accomplish what we want it to accomplish. It will be a little bit of a repeat of what many providers went through a few years back.
- g. I was thinking, is this what we're talking about or is it something different.
- h. KDADS: I appreciate your feedback. It helps give us contacts for what the ramifications are at the provider level.

Adjourn.