

Final Rule Stakeholder Call

Topic: Comment on the Amended Version of the STP

5/17/2017

Noon call (60 participants on the line)

State Staff: Paula Morgan, Cindy Wichman

1. The Centers for Medicare and Medicaid Services announced an extension for HCBS Final Rule implementation. How will that affect what Kansas expects; will that overhaul the extension or how will that work?
 - a. That's the question of the day. The fact that it was just released, internally we have not been able to fully assess the implications. One thing I feel certain of is that the idea of being in compliance by March 2019, as a new HCBS director, seems rather daunting. It would have been possible but would have presented significant challenges and required a lot of pressure to get to the place where compliance was achieved. From my perspective, this is an opportunity to continue to work along the same path that we have been but we have more time to be deliberate, thoughtful, and measured in our approach to meet the 2020 deadline. I think we're going to have to continue on the path we're on and welcome the gift of having additional time to do the work that needs to be done.
2. I think there is a need to have KDADS send out a memorandum to echo that statement to providers. All [providers] want to ask what I asked. Everything is local in Kansas and it's nice that KDADS relates what you said, "That we'll take this opportunity to continue and do a better job." Something to that effect.
 - a. I appreciate that feedback and will take note of it.
3. One of the opportunities that needs to be capitalized on is getting the people in place to give feedback to the facilities, especially those that provide HCBS services, in a more timely manner. They came in and did settings observation and provided no feedback to facilities. There needs to be planning and organizing to redesign the way the teams come in for observations, provide feedback on what's been observed, checked, and verified and give sites an opportunity to speak to what was checked before they proceed. It shouldn't be allowed, the way the state is dragging their feet, and they should readjust what didn't work.
4. I think this gives an opportunity and some time to really be able to visit with the people we serve. My perspective is the settings rule is a set of guidelines that were set in Washington DC and what we really need to honor are the choices of settings that the individuals choose. Not every person's choice is going to be the same and we need to honor the choices they choose. We need to do it in a thoughtful and reasonable way that gives attention to the individuals we serve and the choices that they choose.
5. We've been talking about this for a year now, the extra time from CMS will allow us to really get notification and information to the HCBS recipients. They've been in limbo with providers doing the best they could, but things have been in the air as the state has been working through the statewide transition plan submission. This allows the state to notify recipients and include them.
6. Have there been plans made or put in place to do some training in regards to the person centered service planning (PCSP) that is not going on and also working to develop training for

landlord tenant agreements for the state of Kansas? We know that's a part of final rule and for compliance in Kansas that doesn't have to be waited on for it to take place. Also, I have a question about some things that have to be changed and/or modified with how they're being done. One of the MCOs, on their plan of care (POC) is going back to olden days. We have staff on Tuesday and Friday that get an extra 30 minutes for bathing. Some of the education piece can't be there because forcing the resident to bathe on Tuesday and Friday takes away resident choice. Some training or an initial send out that choice is the expectation, prior to the statewide transition plan being approved, and what we're going to be looking at. There is no sense in waiting to 8-9 months prior to the plan being in effect to address the simple things we know are going to be approved.

- a. Yes, there's some training that is on the radar for the learning collaboratives including policy implications that we know need some time to address and some specific items in regard to employment and integrated settings. This additional time will allow us to focus on what we know we need to work on and to start this earlier rather than later. Current efforts are underway to get the design of the learning collaboratives up and running. One will likely address person centered service planning and it may be the first aspects of it that we'll be able to tackle. I couldn't agree more that the earlier we can get started on them the better we'll be.
7. On page 20 of the statewide transition plan (STP), it talks about establishing a policy advisory council. Would that include lots of different stakeholders and when would that start?
 - a. Yes. For those who have been monitoring the statewide transition plan (STP) there was a recommendation around a policy advisory council that would help us do just that, advise the state on policy changes that need to be made. We would be more than likely working with our WSU facilitators, because some of it is going to be tied to the learning collaborative processes. We think there's going to be a policy learning collaborative. The structure of the policy advisory council has yet to be determined. It is an objective and we do have more time to develop it and put some structure to it. I wish I had a more definitive answer for that. It has taken some different directions and one of them being a learning collaborative. Talking through it versus an advisory council that functions in a different manner. It may be starting with a learning collaborative or may be a council that is developed in tandem. It is still unclear and those details will be developed as we go along.
8. If the opportunity arises, we would all be interested in knowing ahead of time and having some say in the development of policy. Previously, there has been a practice that they are developed and sent out. They ask for comments, but it seems the process would go quicker if they got that input before they make a policy and not after they've already decided on changes.
 - a. That's a good comment. We may want to revisit how it is created and how stakeholders can request and/or propose a policy for consideration. Part of the learning collaborative will be to do a refresher on how the policy development process works and how to best engage in that process.
9. Day supports, and anything to do with employment or day supports. We all need to concentrate on it. We don't know what's going to come of it. It's going to be a major singular topic everyone focuses on.

10. Depending on how it all takes its course, individualized settings are required, and one looks at funding, there have been no rate increases in 10 years. The state is asking people to be served in more settings over the last 10 years. I will always strongly advocate that it should not be, and there will not be integrated employment when there is no option to work at all. I will advocate for an array for employment options for individuals and there needs to be. Other states have found reasonable ways to look at that. We're not honoring individuals' choices if we're not giving them the choice when we say that it can't be this option or no there's option at all. We know that integrated employment has not been funded well and funding is a key issue. We don't want to see people sitting at home doing nothing, so an array of service options with individual choice needs to be the hallmark of our plan.
11. I can't refrain just sharing how much I support every word that the previous commenter shared. I'd like to be optimistic of the future. I have spent the last 30+ years, creating best day support options for folks who are very independent to very high in needs. I can't visualize a day where we can no longer provide those options in a very progressive and individualized way. I have concerns from a fiscal perspective. At the Lake Mary Center, we have customized options in multiple buildings. We have been signing long-term leases to keep costs down at multiple settings in multiple counties, as long-term leases protect what we can afford. We've questioned signing long-term leases. If we sign a short-term lease, the cost per square-foot goes up. I can't imagine we're the only provider that experiences cost increases per square foot. We're not the only provider that has built our program on site based building or programs. I'm worried about the loss.
12. What is the purpose of and will the state planning to consult with the group that was mentioned in the call before with the new date being pushed out?
 - a. We have had 1 session with 2 of the people from NASDDDS. We are on the cusp of having a new commissioner over Community Services and Programs. Depending on that commissioner's vision, we'll continue to work with NASDDDS over the next year on ways to proceed in a thoughtful way that continues to engage stakeholders – as they are engaged to work with KDADS on the public engagement process. There are so many and a breadth of issues on the final rule – as mentioned, it's daunting – and they are helping us to prioritize and strategize how to engage stakeholders around it, work through it, make tough choices, guide some of the conversations, and then possibly looking at how to make some of those tough choices on how we might be able to make those in a way that still preserves choice and allows us to comply with what the final rule requires at the same time. It's not an easy task and I'm looking forward to having their assistance. So, yes, we will continue to work with them in the process.
13. Can you tell me who they are?
 - a. NASDDDS. National Association of State Directors of Developmental Disabilities Services. (Pronounced Nas-D)

Evening Call (3 participants on the line)

State Staff: Cindy Wichman

1. I'd appreciate that there's a reminder that there are available resources for technical terms, crosswalk and such for providers.
2. Additionally, there is a lot of talk about learning collaboratives that are primarily used in the business environment. A lot of providers are working in healthcare, not in education and business.
 - a. [Cindy asked a follow-up question of the commenter.] Can you think of a different term or name we might consider that might be more approachable for providers?
 - i. Not necessarily, but provide a resource or concrete example. Have the idea of a round table, but not an example or broad range of samples. Also bring a problem sample and then providing an example of resources and a quick link would be helpful.