

Final Rule Stakeholder Call

Topic: Final Rule Refresher

5/3/2017

Noon call (64 participants on the line)

1. Cindy I was wondering if KDADS has thought about the possibility of putting the recap on the website so they can hear this summary if they aren't proficient at reading or some other way haven't been able to access these calls?
 - a. This particular document is out on the website along with other documents we post at: [http://kdads.ks.gov/commissions/home-community-based-services-\(hcbs\)/hcbs-waivers](http://kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-waivers)

The two documents discussed today were Person Centered Planning and HCBS and What HCBS Rule Means for You. We also try to share information via our listserv and encourage folks to sign up for it. You can do that here:

[http://kdads.ks.gov/commissions/home-community-based-services-\(hcbs\)](http://kdads.ks.gov/commissions/home-community-based-services-(hcbs))

Scroll down the page to the section titled Receive Email Updates from KDADS/HCBS. We try to make it accessible for people this way.

2. My suggestion is to have the audio posted so that those who can't read or don't want to wade through the tedious documents can have access to it in another format.
3. I had a question regarding public notification of this information – how is this acquired?
 - a. One of the forms of public notice is the HCBS listserv that I mentioned earlier. That's the primary form of notification we currently use. Is there another specific source of notification you're curious about?
4. I wonder how many people would be aware of the listserv?
 - a. That's a good question.
5. Is it through Medicaid? Medicare? That they are notified of services?
 - a. In the past we've had public forums and it's been broadcast through different vehicles. KDHE and KDADS send the information out as well as we try to reach out to community partners and the provider community.

If it is regarding the scope, level, and duration services, that is communicated through a notice of action.

Another place information is shared is the Kansas Register which shows any regulatory changes that have impacts on folks.

- b. Kerrie Bacon, KanCare Ombudsman: When it comes to notice about these persons served Wednesdays, there are several people that forward the emails to their listservs. There's a community of people that do that. One provider sends it out to her listserv and then they forward it to people in their community. I think that people sign up on the HCBS listserv and do the same as the provider I'm aware of. So, there's a community of

people who receive these emails and then forward it on to others within their organizations and so forth. I think that needs to be understood as well.

6. On the website I see the Final Rule Transition Plan submitted 3/20/2017. Is that the one that was submitted to CMS? Is this the one that is awaiting approval?
 - a. Yes. It was submitted and we are waiting comments and feedback from them.
7. I noticed the call schedule shows June call dates of 6/7 and 6/14. Is that an error.
 - a. Yes, it's an error. The 2nd June call should be on the 21st. I will get that corrected.
8. I'm just curious – I know you're waiting for information back from waiting on info back from CMS. Can you give a timeline once you get the "go ahead" from CMS? How it will roll ahead at that point?
 - a. It depends on what we hear from CMS what the next steps might be. If it all were to come together under the best case scenario, we would envision the next step would be formation of the learning collaborative – a peer-to-peer model. We would use this model and identify the major issues that are identified through the onsite review process and validated to build 4-5 learning collaborations around those issues that would provide opportunities for providers to learn about the compliance issue. That would be the very next step in the process.

The learning collaborative would be coupled with some instances of 1-to-1 working with providers that need technical assistance. We are hoping we could approach this learning collaborative model with 4-5 major topics that providers could learn more about, share ideas about what is working, not working, challenges they're experiencing, etc.

9. Cindy did you say when they [the learning collaboratives] were going to start?
 - a. We have not set a date to commence. We're in the process of the design phase where we're trying to identify folks we would want involved in shaping them and what they would look like. Again, we're waiting on feedback from CMS to make sure we are moving in a direction they feel comfortable with. As soon as we have the nod from CMS, or at least an indication that there is minimal modification needed and can move forward with learning collaborative piece, we will get serious about getting dates set and the word out to folks.
10. On previous call about onsite assessments you had mentioned that a vast majority of them were done. Before it was indicated that the individual providers would get feedback from them. Do you plan to share it and when? Those were snapshots in time when they were done and providers have not had the opportunity clarify information that could be corrected or provide additional info.
 - a. The update I can give today is that some of the onsite visit information and data is still being compiled. Once it's compiled, we'll be able to look at line-by-line for providers. This way we can be in a better position to tell providers where strengths and deficiencies are. The only notification up to now is an acknowledgement to those who received an onsite visit until such time we have more specific information related to what might need to change. That doesn't preclude providers from preparing, and some have done so, but in the meantime KDADS considers everyone to be fine where they are and doing what they are if they are licensed and in good standing. Once the data is

compiled, we will drill down and get specific information to the who received onsite assessments.

11. I know that I am not a provider, but I hear from providers that they would appreciate getting the information and any information they could get, the sooner the better. It is a point of anxiousness, for sure.
12. What seems to be confusing is if providers really don't know how the site reviews are turning out, how is a peer collaborative going to work?
 - a. What we'll do is once we have the aggregate data. We'll categorize it and identify common themes. We'll target participation in a collaborative based on what the onsite data tells us. Providers who didn't get an onsite visit, for whatever reason, would certainly not be left out; we want to open it up to them up as well, including in cases where they are fully compliant. There may be areas that providers who are deemed compliant may want technical assistance on them as they find they are not as compliant as they thought they were, or maybe want to be more compliant than they are now as they believe there's more they could be doing.

The collaboratives will be a blend of those issues that are validated through onsite visits and targeted based on the most salient and pressing or emerging issues across settings, opening up to broader community for folks to participate in as they deem necessary.

13. It seems like unless there is some standard that has been accepted as acceptable, how can providers collaborate? How can they know what they need to change if no one knows or is the expert?
 - a. There are some that are clearer than others. The most predominant are those that are clear. Person centered service planning is one of them. We know that the managed care rule speaks to it and it has implications for the final rule. It would be appropriate to have a learning collaborative around that. We know it's validated through onsite assessments as many have not had person centered service planning. I'm confident that need to train and collaborate on this issue.

Another issue is the landlord-tenant act. This is something we commonly see across the provider environment and we certainly need to address and build a learning collaborative around.

Through this, providers can share their experience and form the "accepted standard" for some areas and some of them are "cut and dry". Other areas are challenging and have "gray areas". The learning collaborative environment is a productive way to address these areas and others that are more blurry. I wish I had something more concrete at the moment, but hope it gives more information about what we're trying to do to keep efforts moving forward.

14. Seeing is believing, and I guess I'll have to wait to see how it turns out.

Evening Call (11 participants on the line)

1. Regarding the person centered service plan - one of the MCOs (managed care organizations), on their plans of care have gone back to you getting 1.2 hours on Monday and 2.2 hours on Thursday. They are not person centered service plans. They're saying you are going to get your bath on Thursday. This was done a year ago, when they said they're going to do that. I said to them they can't do that, that we are trying to get away from that and they're saying this is the way it has to be carried out. We may need to look at the way the MCOs are writing the plan.

Instead of having a flexible plan of 26 hours a week to care for "Sally", we may get three (3) hours Monday, two (2) hours on Tuesday, etc., and she can't choose to take her bath on Monday and do housekeeping on Tuesday. They must be done on the days prescribed, taking flexibility out of resident choice. It's out of compliance.

- a. I'm glad you've shared that and we will want to continue to look into it further. We want to build upon the planning process in a way that honors choice, recognizing that modifications or limitations that have to be imposed, but be consistent with their choice and extend greatest degree of flexibility as possible.