

Final Rule Stakeholder Call

Topic: Systematic Assessment

09/20/2017

Noon call (52 participants on the line)

Question: Final Rule General

1. I was wondering what the status of the regulation or policy regarding Person Centered Support Plan, where is at this point since it was held back to be reworked?
 - a. That policy was out for public comment then was pulled, we found, through internal review, it was going to overlap with other policies we are working on. It is in the internal review stage, as soon as we have a draft that we have consensus on, it will go to the CDDO's for review then it will go out for a full public comment. Right now we are in the internal review stage.
2. I wonder how the final settings rule requirements are being implemented into the KanCare 2.0 1115 waiver and the RFP?
 - a. I'm not sure how much I am able to discuss this since it is in a procurement process. As the HCBS director I have offered to leadership language that I would like to see included relative to the final rule, particularly considering that it will overlap into the new KanCare 2.0 contracts. This means that if we have the same MCO's or new MCO's the request for proposal would require new MCO's to comply with the final rule and to work with KDADS in achieving compliance in their provider networks.
 - b. The most important component is that compliance with The Rule has been extended from 2019 to 2020 meaning that it is an issue for the new MCO contracts. We will need to work with the MCO's and their provider networks so that they can be compliant by the new date.
3. With the new republican plan to restructure Medicaid how will it effect this process if it is moved to state block grants and end HCBS services as they stand?
 - a. I'm not prepared to answer that question I have not received any guidance or direction that would cause me to believe that we need to make that radical of a change in that direction at this time.
4. I think that no matter what happens on a federal level there are enough people on Medicaid that we can safely assume that funding for our people is not going to increase in leaps and bounds. Some of the CMS rules were looked at from an ivory tower position. Medicaid was never intended to fund the ivory tower, it was intended to fund and meet the needs of certain sections of our population. We want to always provide the best quality services for the people we support. The idea being Medicaid is meant to be able to provide and meet the needs of individuals in certain sectors of our society. There needs to be a realism going forward in our future. The idea that all individuals could be dealt with one on one in the community is not tenable. The reasonableness in your examples are helpful to hear. It's good to remind CMS that Medicaid doesn't allow for ivory tower services.

Question: Thoughts or opinions about moving these calls to once a month?

1. That sounds fine to me.

Question: Preference to hold on first or third Wednesday of every month?

1. The first works better here.

Adjourn

5:30 PM Session (5 participants on the line)

Question: General related the final rule

1. Pertaining to the final rule, are we attempting to implement all the pieces of the final rule at the CSP level? Do we need to wait for guidance? I need to know whether to wait for guidance or implement immediately?
 - a. I heard a couple of issues in there. You have already been working with licensing? Has licensing offered you some recommendations?
 - a. Not recommendations, we have a specific instance about shared rooms and that pertains to the final rule and the issue of privacy. We are trying to make sure we address and to analyze ourselves and see how we would measure up but no specific guidance at this time How far do we need to go with this until we get guidance from the state?
 - i. I would respond that if you have quality reviewers on site and they're offering guidance based on what the final rule requires I would encourage you as a provider to take it into consideration and begin implementing as you are able. For instance, we know that privacy is an area the final rule speaks to - it would not be considered a new idea. If there are particular recommendations that the quality folks are offering and it's within your power to implement you may develop a strategy on how you may respond. There is a broad spectrum of modifications that can be made in the person centered service plan versus a large scale remodeling project of the facility. If I were in your position I would look at whatever small steps that can be taken and then, as an organization, have a conversation about what steps can be taken, what you perceive as your risk moving forward and if you were to expand what would it take.
 1. We are exploring those types of thing but in the moment right now what would we do? We have started making sure that there are things in the Person Centered Support Plan that document choice of a shared room or private room. I'm thinking more of the modification of the room or putting up a wall or a new door. How far do we go with implementation? I think you answered my question thank you.

Question: Thoughts or opinions about moving these calls to once a month?

1. If there is no new information I think we would all appreciate less calls but as soon as there is new information I think we would all appreciate more calls

Question: Do you have a preference for meeting on first or third Wednesday of the month?

2. I don't have a preference

Adjourn