

## Final Rule Stakeholder Call

Topic:

1/4/2017

### Noon call (68 participants on the line)

1. I did not catch what month or specific date range are you looking at to turn in the revised plan to CMS?
  - a. I don't know there's a hard and fast date set. We want to get it done sooner rather than later, but also want to take the time needed to submit something we're comfortable with. We hope to have a more solid timeline by Feb. 1<sup>st</sup>.
2. I understand during the onsite assessments, that the PCSPs developed by CMs are being disregarded and only utilize the ISP developed by the MCO. It seems that this has been for a long time they're missing an awful lot. I'd like some clarification. – Clarify, they were instructed to only consider the ISP and disregard the PCSP from the CM. Understand that there were others that had very similar things that happened from the call this morning.
  - a. Will follow-up. The ISP is the Person Centered Service Plan. The plan the TCM develops is the person centered support plan. CMS Person Centered Service Plan is what is addressed in the final rule.
3. We know that the IDD community that is the only community that has the PSCP that is separate, if that's the only one that is separate it is a big mistake. Kansas person centered support plan is different from the CMS Person Centered Service Plan. All HCBS waiver participants will have a person centered service plan
4. I want to follow up on the learning collaboratives, has anything been scheduled?
  - a. We're still working on getting a framework around the learning collaboratives.
    - i. Looking at using learning collaboratives for training and remediation. We don't have specific dates, but it's on the radar and we're going to get some momentum behind it.
5. If the learning collaborative will be pushed back, will the individual agencies deadlines (for remediation plans) be adjusted accordingly?
  - a. I would say yes, we would have to extend them if we're not at a point that we cannot launch them just yet.
6. Will the (onsite) assessors be looking at the workgroup recommendations and using them as part of their onsite observation?
  - a. My answer is yes, but I do not know what they are and how they need to be recommended but I understand there has been some activity on them. I would say no on the assessors. They are only completing the assessments. The recommendations from the workgroup are for the transition plan and implementation, the onsite assessment tool hasn't been changed.
7. Looking at KDADS email that we've been randomly pulled for an onsite assessment. Team will complete a policy and procedure review. What policies and procedures are those since the whole thing is being devised?
  - a. I would speculate it's unreasonable to have a whole lot of specific policies and procedures that comply specifically with the final rule. I'm sure there are some that are

working on those that may be working on those and they are watching them closely. I would suggest if a provider has a specific strategy that you be prepared to share them with the onsite team when they arrive or could FUP in advanced with the Quality Management staff (Janelle Lyons) and if you had any specific questions or concerns going into the review to reach out to her. If you still have concerns, continue to work through them and with the leadership Codi Thurness' team.

8. I'm looking at the tool for non-residential settings, why does it have questions for residential settings?
  - a. If it's not applicable they don't have to fill it out.
9. I want to confirm, there's no KDADS staff on this call?
  - a. There is, my name is Cindy Wichman and I'm the HCBS director at KDADS. I report directly to Brandt Haehn.

### **Evening Call (19 participants on the line)**

1. What is Kansas doing with what other States are doing? With the Medicaid?
  - a. If you're interested in how what KS is doing matches up with a specific state, I would encourage you to check out the other state's plan and progress they are making. The Final Rule is designed to accomplished to enhance that promotes greater community integration and helps waiver programs have the same opportunities and service access that are afforded to people who are not on Medicaid.
2. I was wondering is there a timeline or deadline that the state has to have the next round of documents to CMS?
  - a. I'm not aware of a hard and fast deadline. States are all at a different place in the process. We're working to categorize the remaining tasks and how we see those moving forward to fine tune the work that's left to be done. We hope to have a better answer in a month or so when we've had a chance to reevaluate the work we have left to do. We don't want to delay it any longer than necessary but we want to have a question that we can be successful with in implementation.
3. If this hasn't been finalized, why assessments are taking place already. We have people who has been randomly selected for assessments.
  - a. They help gauge where the State is now and in relation to the attestation of provider compliance.
    - i. It was so "vague" I was unsure what it was about.
      1. It's part of a validation process with surveys and then onsite assessments that give us in-person looks to know where Kansas stands.
4. On the onsite visits, feedback within 30 days. We had 2 onsite visits and when asking when the feedback would be giving they were vague. Has that changed?
  - a. I would say it would be adhered to whenever possible but there is so much ebb and flow whenever possible. If you haven't received a response reach out to myself or to someone on your onsite review team to find out the status. To clarify, we are completing the review of the data and did not meet the thirty days. The dates will be changed in the plan.
5. Are you working with people who transitioning out of high school going to HCBS waivers?

- a. Yes, we are, Vocational Rehabilitation services were explained/described.
- 6. There have been a number of systemic deficiencies since 2000. CMS final rule focuses higher functioning individuals while marginalizing highest risk individuals, by restricting settings in a narrowed definition of 'Community'. There is an undercurrent of denigrating settings necessary for the care and safety of DD individuals with the most extreme and complex needs. I have read CMS' comments to KS, and while somewhat "difficult to read," along with stagnant wages for Direct Support workers (identified by our DD Council it as a "crisis" back in 2003), we have a deficient ANE reporting system, even though our state requires background checks. Placing undue burden on cash-strapped states to prove which settings are "community enough" is actually a form of bullying. As a person who has cared for an individual with lifelong, profound disabilities, the Final Rule has a mis-placed focus, ignoring the unique needs of profoundly affected individuals. According to the Court's holding in Olmstead, our highest risk individuals require proper supervision and oversight in a variety of settings. How we might address those things overlooked in Final Rule?
  - a. I can speak for those within the HCBS program staff team that we don't want the needs to be forgotten or diminished in the process. Want to honor people's choices. Monitor of KanCare. Right service, right place, at the right time. Want to comply with final rule with same spirit in mind. I would very much like to see the comment you shared included in the final documents that will become part of the eventual submission to CMS.
- 7. I am concerned about the cost to provide service that that is integrated, just not by a narrow interpretation.
- 8. Given our new federal changes, early/late/current indications that unfunded mandates will be turned back, is there any advocating by the State to slow down the mandate so that KS has the ability to look at the mandate, examine the cost, or push on the financial responsibility onto the providers of HCBS services or is the state advocating that it stop? Is KS going to engage the new HHS secretary takes over?
  - a. I'm not aware but will follow up and get back to you. Follow up added: Kansas recognizes the implications of what new administration can bring and awaits any changing guidance that may come from the federal level.