

Final Rule Stakeholder Call

Topic: Person Centered Service Requirement Final Rule

06/21/ 2017

Noon call (63 participants on the line)

1. I sent this comment in on the draft policy. I would like to verbalize it I'm very opposed, to the term "member" in state policy referring to people supported in community services I realize that is an insurance term and an MCO term, I don't think it's appropriate.
2. I know she briefly discussed that this is a Person Centered Service Plan, so it's specifically for the MCOs. It outlines what a TCM is supposed to do to support this plan, I was concerned that there would be a conflict of interest since this is similar to a Person Centered Support plan, how we would keep it differentiated so there is no conflict of interest?
 - a. That is a theme we have heard a number of times, I want to keep in mind that the Person Centered Support Plan is a state service that is handled differently than the Person Centered Service Plan by TCM plan under the final rule.
Elizabeth: All of the things listed is handled by the TCM to participate in this is something that they would already do for the support plan, and you would be duplicating all of the work.
 - b. Have you submitted all of your comments in response to the policy that is currently posted? I would encourage you to do that that would help us take that information into consideration as we are going into the next stage of the process.
3. My understanding of the process is that the members have already vetted the concerns that have been mentioned. Has that been taken as input before the report was sent out?
 - a. Yes the process you described has occurred. The policy has gone out, not just to InterHab members but to all 27 CDDO's for preliminary review. Some of the comments get incorporated at this stage but it is a reiterative process. So as we get additional public comments they will also be incorporated. What you see on the web site is the first round that was received. We are now in the second set of comments that opens it up to the public before the policy is finalized. There will be an opportunity to provide second comments that have not been incorporated in the first round. If there is a CDDO that provided comments and they don't see it reflected in the record, there will be a second round.

I would repeat the second caller's concerns about the TCMs. We are trying to separate their roles into the HCBS folks, the non-HCBS and we have folks that wind up HCBS upon applying. It is not that cut and dry, area with Targeted Case Management. They will do the Person Support Plan like we have always done in IDD but now it's like we have to hand everything to the MCO's. I'm concerned of the confusion, a Person Centered Support Plan, an Integrated Person Centered Service Plan, we told were told that that was just a funding plan before, that's not what it's looking like at all.

- b. Thank you for your comment. I'd like to echo what you mentioned about the Non HCBS members. What we are looking at for the purposes of Person Centered Service Plan would those folks that are getting HCBS services as they relate to vetting criteria for the

final rule. That is an additional component that should be kept in mind and I encourage you to make comment via email.

4. I noticed that in the service plan there are time limits for this to occur for MCOs. What is the course of action plan or plan of action for when they don't not follow through in the appropriate time frame? We are having problems with the current status of having things processed and provided for within the appropriate amount of time. If this is also going to be a final rule have when though about the time frames. It is on page 7 where it talks about the annual service plan must be completed within 365 days of the previous plan. It also states that he MCO or care coordinator must be hold a face to face meeting with a member every 6 months. Those we are not occurring
 - a. Those components tie to the final rule as well as to performance measures are utilized in regard to waivers. One component is service plan must be reviewed annually and that ties into when the annual functional as must occur. There are time frames that we are trying to achieve 100% compliance with. As far as what the ramifications would be if those timelines are not met, I don't know that those are fully determined at this time. Other than internal means. We would want to do our own remediation, as an agency to work with our MCO partners and assessing entities to make sure all these various time lines fit together to achieve compliance with the final rule. There could be additional steps necessary to work on issues when compliance is not being achieved. Those are not finalized at this point. I would encourage you if encountering problems like that, to the go to KanCare 2.0 public comments it would be a good opportunity to bring that issue in one of those forums. I would encourage you to include that as a public comment there. When want to be mindful land wat to take steps to correct that.
5. (Sunflower) I would encourage any organization that is having trouble with Sunflower to reach out to me and let me know. We have changed some of our processes, such as the CDDOs have to do their basis within 365 days of the previous one, and maybe those aren't always tied to birth month, that we are trying to adapt and make sure we are holding meetings when it is best for the member and the guardian. We have contractual obligation to meet the time frames that are in the draft policy there are penalties tied to that unless its member preference related. My email address is (srafmasen@sunflowerhealth.com) and I welcome comments.
6. (United) I want to echo what Stephanie said. My email address is Lori_lible@uhc.com. Again we have expectations that the things are competed in timeline. If you run across something that does not line up with that then I defiantly want to know about it so that I can address it. I appreciate any feedback that you have.
 - a. I want to thank both Lori and Stephanie for offering their information on the phone. I know MCO's are committed to meeting the needs of their members. If their contracting partners are having any issues at meeting deadlines and timelines met they are generally very responsive and it's just a matter of being willing to reach out.
7. On page 7 the Integrated Person Centered Support Plan, in compliance with KAR 30-63- 21, they will use that document to show compliance with that regulation correct? So the Person Centered Support Plan is not the document that they will look at to demonstrate compliance?
 - a. I would like to research a little bit as to the intent to that language.

From what I'm reading that document will be what determines compliance?

Sunflower: We see this, unless we are told differently by KDADS, as part of the process when someone picks a particular provider for a HCBS service. We make sure that provider is credentialed for that service and meets requirements for that provider type and service.

United: I think we are still exploring, we have an annual process making sure folks are credentialed. I think we are still in discussion as far as what that means in that timeframe. I like Stephanie's approach because we do that already. I'm not clear what that means, we are working on it.

- b.** Please submit your written comments to the HCBS email address provided earlier it will help us capture all feedback and formulate the next steps in the process.
- 12.** I have a question about page 2 section E the development of the IPCSP it states: it shall be free of conflict of interest as defined by all the letters and number there, I wonder if there is somewhere we can add access to a logic model that the statement is based on? You can't just say something is free of conflict of interest, I would like to know how that was decided.
 - a.** I would encourage you to submit that as a written comment. Have you had a opportunity to go out to the 42CFR citation and see how conflict of is defined? You can get to the CFR online they are and free accessible. You can go to 42 CFR and look up that section. As far as a logic model I would have to get back to you on that but I encourage you to submit it as part of your written comment so it can be considered and given responses.
- 13.** Could you explain what the fundamental difference between Integrated Person Centered Service Plan and the current Person Center Support Plan in the IDD world? If they are different, they seem similar I think the concern is this will take the place of the PCSP? I know they are not doing away with TCM. What role will each of those document play moving forward?
 - a.** Thank you for that question. It has been mentioned in earlier calls and it is not entirely clear. I want to do what I can to help clear it up. The Person Centered Service Plan is a federal requirement that's the basic difference whereas the Person Centered Support Plan is state, which is the biggest difference. We have had Person Centered Support Plans in the IDD waiver, but not in the other waivers. The federal requirement says that we have to have them for all the waivers that is the distinction. The Person Centered Service Plan is federal it's tied to the final rule. It's also tied to the managed care rule at the federal level. Whereas Person Centered Support Plan strictly a state requirement governed by a state planned service. That is the biggest distinction.
- 14.** I noticed on the email it shows the next meeting is 07/05. Is there anything planed for 7/19 or yet to come?
 - a.** That is yet to come, and we'd like suggestions for topics that you would like to talk about. At this point in time it is to be determined. I will try to get it out when we send out for the reminder for the 7/5 call.

Evening Call (7 participants on the line)

1. My question is twofold. Has the current administration evaluated the cost of implementing the final rule?
 - a. As far as the administration having taken the look at the fiscal impact and cost implementing the final rule, I am not aware of any fiscal analysis has been done or is scheduled to be done. Now just because I am not aware does not mean it is not being considered. I can tell you that every time we try to implement a new policy or anything with respect to the final rule, part of process is to assess the fiscal impact of that particular the policy. But as far as the generalized fiscal impact assessment of that part of the final rule, at this time I am not aware off.

Many states have estimated the impact of the final settings rule. There is a lot of information and data out there. For example California, and I realize we are not comparing apples to apples here, they have estimated 31 million on the implementation of the final rule. There are a lot of companies that are working on this with the states and I would implore that the states continue to consider putting a fiscal note on this settings rule.

2. Final question is, with our recent increase in tax revenue is there going to be a request from the legislature for additional funds to implement the final settings rule?
 - a. That is a good question, I am not aware of any specific initiative or request directed at the legislature. I am interested in looking further at what you mentioned in terms of what other states have done. A follow up quest for you on that. How are the states utilizing that information? Is that to make an appropriations request or is it to slow or illuminate the implementation of the final rule?

Those impact studies were to ask if additional impact fiscal notes being added to their budget. Again both states that I've mentioned are larger more liberal states. They don't necessarily compare in terms of revenue and number of individuals it provides services too. But early on they were to ask for additional funds from their legislature.

- a. I appreciate the comment, I will take it to my colleges and find out in terms of any momentum along those lines.