

Summary of Statewide Transition Plan (STP) Workgroup Recommendations

This is a summary of the recommendations made by the STP Workgroup provided as a supplement to the STP Recommendation Report with KDADS responses; responses provided considered the recommendations in their entirety.

Dementia Recommendations	
Recommendation	KDADS Response
1.1. Develop guidance on person-centered care planning that is specific to persons with dementia.	The state will incorporate this recommendation into the state PCP training.
1.2. Determine the financial resources and workforce needed to maintain and increase the capacity for HCBS services across Kansas.	The state will proceed forward under the assumption there is not additional funding available for FTP requirements.
1.3. Review and identify differences in terminology and requirements concerning person-centered planning among different provider settings.	The state will add this recommendation to the state person centered planning training.
1.4. Determine the financial resources and workforce needed to maintain and increase the capacity for HCBS services across Kansas.	The state will proceed forward under the assumption there is not additional funding available for FTP requirements.
1.5. State Assistance in Transitioning HCBS Consumers in Non-Compliant Settings	This recommendation is incorporated into the STP.
1.6. Allow for stakeholder review on Right to Appeal language.	The state will allow for stakeholder input into the appeal language.
1.7. KABC recommends that the state review and adopt a "right to rent" statute for Medicaid waiver participants, similar to public housing	This would be a legislative issue.
1.8. KABC recommends that a complimentary internal hearing and process be created for older consumers as well as the right to an external hearing, such as an administrative state fair hearing.	The state will allow for appeal rights for individuals in adult care homes. Consumers also can reach out to the LTC Ombudsman.
1.9. Any verbal assurance/promise made to an older adult or legal representative at the time of lease is required to be incorporated into the terms of the lease agreement.	The regulations already require any verbal assurance to be in the Negotiated Service Agreement.
1.10. KABC recommends that individuals should	All settings will be required to have PCP

<p>not be automatically restricted based on a diagnosis of dementia or when renting or purchasing care in a "memory care" or "adult day care" setting. Any and all restrictions should be subject to the requirements of modification and be laid out in detail with supporting documentation in the person-centered service plan.</p>	
<p>1.11. KABC recommends that the state set legal requirements for dementia care staffing ratios and training.</p>	<p>The state does not agree to staffing ratios but rather the facility must staff to meet the needs of the resident.</p>
<p>1.12. KABC recommends that the state use the planning process to create the next generation of health promoting settings and services which will serve older adults with dementia and meet the requirements of the HCBS final setting rule</p>	<p>The state does not understand this recommendation.</p>

<h2>2. Day Services</h2>	
Recommendation	Response
<p>2.1. Kansas is an employment first state and we encourage everyone to consider employment as the first option.</p>	<p>The state agrees with this recommendation.</p>
<p>2.2. Anyone participating in day services, and their natural supports, should receive annual counseling and training on benefits, other options, and resources available to help them achieve employment goals.</p>	<p>The state agrees with this recommendation.</p>
<p>2.3. Day service setting- Individualized Community Integrated Day Services: Recipients have individualized schedules and spend the majority of their day services in the community</p>	<p>The state agrees with this recommendation.</p>
<p>2.4. Day service setting- Facility Based Day Services: Day Services provided in a facility setting only when a person needs time-limited pre-vocational training, and only when such training is not available in community settings.</p>	<p>The state agrees with this recommendation.</p>
<p>2.5. Day service setting- Individualized Day Service Plan Due to Exceptional Needs / Day service Exceptions based on individualized, ongoing need due to health/behavioral need or operation of a home based business.</p>	<p>The state agrees with this recommendation.</p>

2.6. Final decisions should be based on data	The state agrees
2.7. Recommendation to Legislature to provide funding for the systematic changes needed to meet the needs of all individuals.	The state will proceed forward under the assumption there is not additional funding available for FTP requirements.
2.8. Create a rate structure reflective of a business model that maintainable for providers and supports the outcomes the state wants.	The state will proceed forward under the assumption there is not additional funding available for FTP requirements.
2.9. Training should be available for providers, including direct care staff, about changes	The State concurs with this recommendation.
2.10. Certification for day services providers – all providers (including current) are/will be certified- as part of certification, providers share plans for ensuring services are community integrated.	The State is reviewing this recommendation.
2.11. Accountability and communication; feedback loop to stakeholders	The state concurs with this recommendation.
2.12. Goods and services option- allow for use of waiver services to purchase vocational instruction (welding lessons, classes, etc.)	The state will review this recommendation.
2.13. Technical assistance- PCSP utilization, family members and guardians about changes	The state concurs with this recommendation.
2.14. Currently, when a provider is successful at achieving employment outcomes, they are penalized; this barrier should be removed.	The state does not understand what the barrier might be.

3. Non-Integrated Employment Settings Recommendations

Recommendation	KDADS Response
3.1. Additional funding and resources to is needed to ensure full compliance with the new Final Rule. The state must calculate and fund a sufficient fiscal note to accomplish Final Rule implementation.	The state will proceed forward under the assumption there is not additional funding available for FTP requirements.
3.2. There should be no requirement that providers submit transition plans until alternative Waiver services are finalized. Kansas needs to draft Waiver amendment language immediately in order to develop the menu of services which will offer Kansans the alternatives needed to accomplish compliance with the Final Rule.	The state will provide technical assistance to providers of settings who do not comply or are in partial compliance. The provider must submit a plan to the state as to how they will come into compliance with the Rule.
3.3. The “Final Rule Transition & Remediation Timeline” should be changed. Currently, this timeline, as one example, has	The state must work to ensure compliance and those details are in the draft plan. The STP is an ongoing document and will change as we add

<p>providers submitting “remediation plans” to the state even though Kansas’ Final Rule plan has not been approved by CMS.</p>	<p>steps to the plan.</p>
<p>3.4. Service definitions proposed by this subgroup (see full recommendations document) need to be consistent with other programs, rules and definitions used by the state. Terms need to mean the same thing.</p>	<p>The state concurs with this recommendation.</p>
<p>3.5. There should be a specific effort to ensure there are no unintended consequences harming or adversely affecting the resources to carry out the Final Rule.</p>	<p>The state concurs with this recommendation.</p>
<p>3.6. Systems change should be specific, incremental, intentional and across departments and state agencies. As an example, we know of no current disability program or support that has the current capacity to absorb a huge influx of referrals that could result from transitions driven by the Final Rule. We need to be cognizant of these limitations.</p>	<p>The state understands this concern.</p>
<p>3.7. The state should tap existing expertise as they develop all of the needed tools and steps to comply with the Final Rule. This expertise includes providers, self-advocates, advocacy organizations, people with disabilities and families. The state needs to partner with these experts. Engagement with stakeholders needs to immediately occur to review those draft Waiver amendments prior to their submission for public comment.</p>	<p>The state concurs with this recommendation.</p>
<p>3.8. Develop an assessment process to ensure that the most integrated setting is achieved on an individualized basis. Such a process must be free from conflicts of interest, address the needs of the individual, and conform to the Final Rule.</p>	<p>The settings offered and selected by the individual, or representative will be reflected in the PCP. The assessment process will be free from conflict of interest.</p>
<p>3.9. An overriding goal must be preserving and expanding service capacity in order to conform to the Final Rule. This does not mean simply preserving the status quo. It means preserving and expanding the capacity to empower and serve Kansans with disabilities in the most integrated</p>	<p>The state will proceed forward under the assumption there is not additional funding available for STP requirements.</p>

<p>setting. Doing this will take time, money and immediate attention by Kansas.</p>	
<p>3.10. State should adopt the supported employment Waiver Integration Stakeholder Engagement (WISE) 2.0 workgroup recommendations for a new supported employment HCBS program, as outlined in this report. (See full recommendations report.)</p>	<p>The state will review this recommendation.</p>
<p>3.11. The entire system should be incentivized in order to fund the desired outcome of increased competitive, integrated employment for people with disabilities of all working ages. Kansas needs to fund the outcomes it desires. According to Kansas public policy, competitive, integrated employment is supposed to be the first, and desired, option. As one example, disability provider payments could be incentivized toward the outcome of competitive and integrated employment and perhaps away from a simple fee for service model.</p>	<p>The state will review this recommendation. The state will proceed forward under the assumption there is not additional funding available for STP requirements.</p>
<p>3.12. Kansas public policy needs to be evaluated to ensure it is consistent with the Final Rule toward the goal of community-based, integrated services. As an example, Article 63 envisions facility-based services. Rates and supports will need to be individualized in order to obtain the principles detailed in this report.</p>	<p>The state will proceed forward under the assumption there is not additional funding available for STP requirements. The Rule does not prohibit congregate settings or limit the number of individuals.</p>
<p>3.13. Policy and procedure changes need to ensure that non-integrated employment settings be limited to prevocational supports, be time-limited, goal-oriented, person-centered, and used only when it is truly the most integrated setting. This stated policy to conform to the Final Rule mandate cannot be in name only. Kansas policy and procedures need to contain effective accountability mechanisms in order to ensure these principles are accomplished. Rates and supports will need to be individualized in order to obtain the principles detailed in this report. Kansas also needs a far more robust validation process in order to</p>	<p>The state will proceed forward under the assumption there is not additional funding available for STP requirements. The state concurs with policies and procedure changes be limited to prevocational supports.</p>

	ensure that these principles are supported and change occurs (see Tennessee's transition plan).	
3.14.	Kansas public policy and procedure should focus on self-direction for disability services. This has been a cornerstone of Kansas disability policy and has been contained in Kansas law since the late 1980's [NOTE-insert the exact KSA HERE]. However, it has not been effectuated. This law focuses on self-direction, increased autonomy and control of funding for persons with disabilities to access their needed services and supports.	The state supports self-direction.
3.15.	Detailed, on-going, extensive and robust outreach, communication and education plans must be developed and implemented regarding the Final Rule and its impact in Kansas. People with disabilities, families, many providers and support staff are completely unaware of how the Final Rule will impact their lives.	The state concurs and encourages those involved in this group to encourage individuals to participate in meetings and calls held by the state.
3.16.	Recommend the creation of cross-age, cross-disability independent navigation, ombudsman and facilitation supports to help address the complexities of HCBS and related supports and activities, which have gotten more complex with the Final Rule. As an example, the WISE 2.0 subgroup of the services definition group recommended that TERF specialists (Transition, Employment, Resource Facilitation) be established and funded. The WISE 2.0 groups have also recommended navigation and ombudsman services. (See full recommendations report.)	The state will review this recommendation.
3.17.	Kansas should appoint a residential settings workgroup to examine changes needed to those settings in order to make them conform to the Final Rule.	Residential settings generally by regulation meet the rule with a few changes to policy. Onsites are completed by the quality and licensing staff.

4. PCSP	
Recommendation	Response
4.1. Cost- Identify costs associated with	The state will proceed forward under the

	compliance and attach a fiscal note to KDADS budget recommendations	assumption there is not additional funding available for STP requirements.
4.2.	Time- need more time to work on this and develop templates & guidelines	The state will continue to work on the plan with stakeholder input.
4.3.	Need for transparency- current status, outcome of assessments, stakeholder engagement.	The state concurs with this recommendation.
4.4.	Conflict of Interest- need more guidance related to conflict of interest. Create policies to mitigate COI in IDD & SED TCM service.	The state is working with CMS on the COI.
4.5.	Conflict Resolution- Identify strategies for conflict resolution	The state doesn't understand this recommendation
4.6.	State Statutes, Regulations, or Policies- Require regulations and statute to reflect requirements of PCSP. Identify potential solutions to integrate ISP with PCSP to reduce overassessment of participants.	Policy will reflect requirements for the PCP. The PCP is a stand alone document.
4.7.	Oversight- assure state and provider policies are compliant with the Final Rule, clarify CDDO role in oversight, audit process to assure PCSPs meet the rule, and process for reporting non-compliance with the Final Rule.	The state licensing and quality review staff will assure compliance of the PCP.
4.8.	System Access- Needs to be a singular, identified PCSP/ISP process.	PCP is a stand alone document. The ISP is about services and the PCP is about the individual and their choices.
4.9.	Require initial & ongoing training of the documenter (qualification)	The state is unsure of the recommendation.
4.10.	Identify a consistent training model of PCSP statewide; prior to implementation of the new process, annually thereafter.	The state concurs with this recommendation.
4.11.	Stakeholder education is standardized so everyone gets the same information & Comprehensive educational guide about PCSP	The state concurs with this recommendation.
4.12.	In order to address COI – whenever possible the participant will facilitate their own PCSP; if unable their designated representative will facilitate. Qualified persons will document the PCSP; allow this person to work across waivers.	The individual should always drive the PCP.
4.13.	MCO's need to be a team member for the PCSP team	The MCOs complete the PCP.
4.14.	Designated entity should attempt to conduct a preparation meeting with	The state concurs with this recommendation.

<p>participants before their PCSP meeting. Designated entity should check for participant understanding throughout the PCSP meeting</p>	
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