

## KDADS/CDDO/Stakeholder Meeting Minutes

December 17, 2015

9:30 am – 12:00 pm

Role Call: KDADS: Brandt Haehn, Kimberly Pierson, Laura Leistra; CDDOs: CDDOs were represented either on a conference call or in person. Craig Knutson was present from SACK. QMS staff joined the meeting from 10:45 a.m. – Noon

Introductions:

**KDADS Workload Process:** Brandt – KDADS: Who is doing the work in place of Greg? Laura Leistra is doing Greg's work while he is out. The specific priorities are to run cases as need they need to be run, day to day operations, crisis processing and notifications (currently only 3 in the process). Prior to Greg's absence he was working on the wait list and Laura has been working on that. Anything you used to communicate with Greg, contact Laura. Greg does plan to come back.

**Integrated Waiver (IW) Update:** Brandt – KDADS: This has been pushed back to Jan 1, 2017 . There have been 4 or 5 WISE stakeholder meetings. There are a list of recommendations on the KDADS website (waiver integration, then link). Public meetings occurred in November. Next there will be 4 specific stakeholder meetings (support broker – how does it work with TCM and Care Coordination – Will use a representative mentioned by Tom Laing; Wait Lists – how does it work in IW environment; incentivizing employment – how does it work; Communication strategy and education plan on IW – needed and required); Following this, they will be developing the service tables to be placed in the 1115 waiver which they plan to have done in the spring. Will talk about CDDO affiliation and how it will work in the IW environment later in the meeting. Try to get information ready to go by February 1<sup>st</sup>, 2016. Who are other names on the other work groups. The WISE group was made up by the majority of the IDD population and they need to include all waivers in these new work groups. KDADS will be meeting on this today. Chad VonAhnen – Any feedback from CMS on how IW will work with the Final Rule? Brandt - No feedback yet and will be having a call with CMS soon to discuss. Tim Wood – Has the department considered how much change a Medicaid system can go through and still remain stable over a short amount of time? Brandt – He understands the concern and is taking to heart the feedback. He wants people keep an open mind that this may be an instance where IW will help adjust or fix existing problems. Jerry Michaud – In terms of big picture of IW, how are we looking at the combination of individual waivers and rates? Brandt – The first step is to design the service tables, once designed goes to a finance review group. The rates will be defined once they get the service tables. This will most likely be an item for the next Stakeholders meeting to discuss it. Tim Wood – There are major concerns that the State doesn't have capacity to pull this off and how will this be evidenced to CMS? Brandt – Need to look at the service from the services table, however until we get the exact service table defined and the users identified, can't speak to this. Jerry – The question is probably how the departure of Secretary Bruffet at the end of the month will impact the IW. Brant - Still moving forward with IW and that is not to change because the Secretary is leaving.

**Waiting List Update:** Laura Leistra - She has had the fiscal department pull a list of everyone who is on the wait list. There were over 200 individuals on the wait list who were coded for services. Those were eliminated. She looked for out of state address and removed those people. A notification was sent to these people letting them know they would be dropped from the wait list, giving them appeal rights. This was sent to the address on file in KAMIS. Laura will also send list of these people to the appropriate

CDDOs. Kimmie said they will validate the information with the CDDOs. If the person is coded for services in KAMIS, they can access services. Once they have the list cleaned up, they will be breaking down the list of people by CDDO and by MCO within area. The list will include those people who were coded for services (highlighted in green). Also KDADS has been following up on people who were approved for crisis to get an update on their status. Wait List is currently 3,584 (does not include those people who were coded for services) – Laura thought it was 3,700 + people prior to removing those people from the list. Johnson and Sedgwick counties have people who are getting services, but are not coded as receiving services. Joco had 170 folks shown as waiting and in KAMIS...not waiting (116 ). Sedg Co...had 50 people in similar issue. A question on CDDO assessment forms utilized when talking with individuals with disabilities, are we tracking employment? Sedgwick County and Big Lakes captures employment when they do the BASIS. For those on the wait list, this information is not captured until a person is getting ready for services.

Laura is working on Wait List to get it updated. This Wait List will be coming out by January 1<sup>st</sup>. Laura does have wait list information that providers have sent to her, however it is not priority now. Priority is Crisis.

**Waiting List Policy:** – Sherry Arbuckle: Is KDADS any closer to getting the waiting list policy completed? Kimmie – Yes, that is in process.

**Children in Foster Care:** For children who are in foster care services, will they automatically get services. Brandt – Still have the reserve capacity into the waiver for them to get services, if needed.

**CMS – HCB Setting Final Rule:** Chad VonAhnen: Understand there was a delay in response KDADS was needing to give to CMS staff on the transition plan for the final rule? Will QMS staff do the Assessment? Brandt – Draft final tool has been created. Tried to make the tool as simple and realistic as possible, went to licensing people to compare with licensing requirements, looked at the final rule requirement. After the 1<sup>st</sup> of the year the QMS staff will be administering the assessments. Tim – Will this be done on every agency or how will it be done? Kimmie – The amount of work required to come into compliance with setting tool, anything that can be addressed by licensing will be. Any remaining items there will have to be an adequate sampling that will meet CMS requirements. In the second phase of the planning, there are limitations on who can and cannot do the assessments. Volunteers cannot do the assessment, need to look at resources available and come up to a plan that CMS would approve. The settings rule is a priority, but is not one of the first few priorities. First priority at this time is to DOL requirements that go into effect on January 1, 2016. KDADS has started looking at the policies that will be impacted by the final rule. KDADS has received an extension on the Transition Plan submission until July 1, 2016. There will be a list of settings on the website color coded list that are presumed to be in the particular categories in the settings rule and they are presumed to be compliant. Craig Knutson – Has CMS already approved the use of sampling? Brandt – CMS actually approved the sampling, rather than review of all settings. Dee – Has there been any thought of using CDDO staff to do the sampling and make recommendations? Kimmie – Will look at all available resources and make a decision on how to proceed. Tim – Would really like to help work through this with KDADS and CDDOs offered to help in developing the plan.

Currently KDADS is 6 staff down and they only have 15 staff, so need to work on priorities and as new staff are hired those staff need to get up to speed. Cliff – CDDOs have offered assistance and cooperation for years and have not felt KDADS has taken advantage of it. Kimmie – I think you will see that changing. She will be calling for assistance.

Financial Eligibility Update: (KDADS, Cindy Wichman) – The December 29<sup>th</sup> meeting will be in person. Kimmie will be sending out a sign up sheet for only one person from the CDDO area to be present in person due to the capacity of the room. People approved to attend in person will receive an invitation. Other interested staff can access by webinar remotely and do not have to have an invitation to call in. This information has not come out yet. The CDDO designated staff attending in person will need to be sent to Ashley Kurtz. Kimmie will be sending out an email to all CDDOs. KDHE makes the determination of who can attend the in person presentation. The person attending may be a TCM or CDDO staff, whoever normally does the function of completing the forms (3160, 3161, etc.). KDHE will send communication out and KDADS will send out to providers.

**Distribution List for Agenda:** Send a list of those individuals at the CDDOs who would like to receive CDDO only related communication. Each CDDO should send one email with the names and email addresses of those who wish to receive this information. Email should be sent to Laura Leistra and she will put together the list and send it out. The subject line of this email should be: CDDO Meeting

**DOL – Self Direction:** Brandt said they amended the IDD, FE, TBI, and PD waivers to change sleep cycle rate, the MCOs changed the sleep cycle rate from \$20 to \$78.30 (this covers the sleep cycle – allows a 6 hour minimum for sleep cycle support). Enhanced care services policy – had to run this through more quickly so the rate could be adjusted. In order to get the rate adjusted, had to get it to KDHE with the request. Discussed the Personal Care Services (pcs) policy . Health maintenance activities are not allowed in Enhanced Care Services. The concern is if there is health maintenance activity that need to be performed during the enhanced care services (sleep cycle support - overnights) somehow need to switch if there are pcs during the night. Will require switching back and forth between the two services during the overnight hours. Sherry – Has a personal care policy that has been backdated. Brandt – there is a pcs policy that was put out, then when they went through policies they had, found a personal care limitation policy. Combined both policies into one policy. Sherry – Are we switching from a manual to services being directed by policies? Brandt - Found out through appeals there were outdated manuals on the website, so those were pulled. Question is to have a manual that is updated in the next couple months and then update again when IW goes into effect. If HCBS Manual is no longer effective, need to communicate that. The HCBS specific manual were pulled from the website, the KMAP manuals are still there. The KMAP manuals are being reviewed and updated. Any finalized policies will be on the provider site. Draft policies are on the KDADS website.

Brandt said the immediate concern was getting the DOL policies finalized. George VanHuser has taken over managing the policy. KDADS is reviewing all the policies. At next CDDO meeting George will be present to review the status of the policies and to identify the list of all the policies.

Overnight respite is addressed in the enhanced service policy. When see policy go on line for comment, there will be a specific comment on overnight respite.

**Shared Living:** Brandt – On Oct 18<sup>th</sup> a letter was sent out putting a hold on new shared living placements. No new homes would be approved. KDADS is meeting about this issue. The reason for the hold on shared living is Kansas doesn't have effective licensing capability for that service. As it is now, the shared living sites are operating under the license of a provider organization. The concern is on how the requests were coming in. The problem was that the requests were going to Qs old email address. What they found out was people were moving without approval from the State. KDADS needs to be able to effectively license shared living settings. The licensing component - effective licensing and now

have a plan of those things that need to be addressed. (Licensing component)...should this be in another comprehensive bill/legislation? Or individual legislation? One bill will capture all the things that need to be done and appears they are moving this forward in this way. Don't want to kill shared living, but want to be able to effectively regulate it and have clear expectations to regulate this. There was quite a list of challenges: (communication plan (MCO, CDDO etc. are in the loop); PCSP said a certain type, but then put in another setting (Sh. Lv.). How to have quality folks at KDADS to measure this type of service (reference to only had a draft manual) ; Need concrete request process for Sh. Lv – current - it's just an Email. We want to look at the instruments to track these (electronically). Again, need processes developed. The list to be worked on is: communication plan; PCSP didn't match the setting where they were living (can there be a section in the PCSP to include shared living); shared living was being offered off a draft menu, however need to have concrete policy to be able to go out and regulate, review or approve the setting; request process for shared living – currently all docs received in one email and it is not effective. Look at the instruments available and be able to be used digitally; cross-walk existing manual with number of concerns present; service would be identified at all CDDOs (options counseling); basic forms standardization and development. There are certain situations where we need to be reasonable people, for example when a person owns their own home or the guardian own the home, KDADS will need to look at this on a case by case basis. There will be no new shared living houses approved until get ability to effectively regulate. Penny – Shared living isn't a new service – 1 ½ years ago when the state had some questions about shared living, worked with state for a year to develop a manual (not a draft). Currently there are 5 people in Kansas City and 1 person in Pittsburg in the pipeline and the families are asking where families go to appeal the decision (of the freeze). What do we tell the people waiting for a placement. To appeal, the families can email or call Brandt. Brandt is meeting next week on this issue. Penny – Mosiac has been doing this for many years and why is this being done now. Brandt – When this problem was discovered, it was found KDADS doesn't have the appropriate regulatory approval to license this service. The manual has never been formally approved is why it is referenced as a draft manual. Dee – There are certain individuals who are considered in progress and the shared living providers have submitted to KDADS in the pipeline. Brandt – Those cases are being worked. Dee – Is the legislation being talked about part of HB 2315 (Brandt has acknowledged). Dee asked Chad if 2315 included something on shared living. Dee asked that it be highlighted for us about the licensing of every HCBS setting in the state. Brandt will visit with KDADS attorney to clarify where the HB includes language effecting shared living. Cliff – Hope KDADS is not wanting to license the service to the shared living families, rather prefer it go through the licensing agency and leave the shared living provider as contractors. For those people who are aging out of the foster care KDADS may be open to considering an exception.

**KAMIS:** Brandt – know there are some speed and performance issues. IT staff from all areas are working on getting the speed increased to stabilize what they have now and to increase the speed. Sherry – It is taking up to 42 minutes to enter one case. KAMIS active wait list report – Is there any way to obtain a report that would allow us to do an electronic check of those on the wait list. No new IT development until things stabilized. Laura committed to provide a monthly spread sheet. Sherry said that would work as long as it has the case number on it. That might be a fix for now until IT has something available. Brandt and Kimmie said they will talk to Brad R. and let us know. The number of the person on the waiting list will change. Ginger (AWI) – Having major issues since MH has access. They are overwriting CDDO access to the case. Having a lot of difficulty getting MH centers to work with them. Brandt said it is noted in the minutes and they will follow up. Tim said they are having the same issue with KAMIS; there are also issues with people showing as receiving services, but they are actually on the wait list.

**Crisis Funding:** Dee Staudt – Individuals in system that are served by health homes that do not subcontract with TCM agencies. Had individual in crisis who needed access to the waiver because there was no one to manage this process. What happens when a person is in a health home and does not have a TCM, who will manage the crisis request process? What is KDADS expectation? What have the MCOs been told on this topic? The MCOs are saying for them to submit a crisis request is a conflict of interest (all MCOs are saying this). This is a gap in the process. Kimmie will have a conversation within KDADS and follow up with us on their decision.

The health home partners don't want to contract with TCM providers or the TCM providers do not want to contract.

**Exceptions / Expectations:** Sherry – What are the requirements now? Everyone is doing things a little differently. Laura – TA transfers Laura gets a copy of the letter saying the consumer is being transitioned off TA waiver and Laura contacts the CDDO to see if aware. If want to transition, will need BASIS in system. Kimmie will go back to the managers and finish out the process and get back to us for comments. On the TA side, usually get a 45 day transition through the NOA where KDADS and MCO gets notice. Option would be to notify the CDDO at the same time. CDDOs need definite process and adequate timelines - Need to map the process and the timeline.

**Conflict of Interest in KDADS / CDDO contract:** Kathy Brennon - CDDO staff who are guardians need to have the determination made. Kimmie asked Kathy to send specific scenario and she will review it and report back to the group at the next meeting. There was concern about whether the guardian has a direct or indirect decision making ability. See KDADS minutes on this issue. Staff who are natural guardians - does this form have to be completed? Child in TCM service...the determination has to be made. Scenario will be sent to Kimee by K. Brennon. Report back on this at the next meeting. Compare this and consult with legal and get back. Court appointment, if not HCBS, it .does this apply.

**HCBS Bulletin: Status Update on the Monthly Bulletins:** Kathy Brennon - Have not addressed since Greg is gone. This is not a priority right now. Feel they have met the contractual obligation by sending out website links out on policy update which are sent out through list serve.

**Capacity Building:** Kathy Brennon - This is in the contract and a template needs to be provided so the report can be submitted to KDADS by March 31<sup>st</sup>. Kimmie indicated they would prepare a draft and get out.

**KDADS Policies – Status Update:** Brandt - Policy advisory council is needing a single IDD representative from the CDDO to represent. This group works together to develop the policies for KDADS. CDDOs need to decide on one person who would be willing to serve as the IDD representative to this group. This group would review the feedback and make recommendations on what should and should not be considered in the group. KDADS is needing response asap. Jerry Michaud will take lead on organizing this information out, ask for nominations - .assemble the names and put out for a vote and then get this to Brandt. Sherry provided Brandt with a list of policies that need to either be finalized or added to the website.

Military policy - Brandt - If someone comes in now and they fit the criteria established, KDADS has built in capacity to provide services to these people effective 12/1/2015.

Any policy that KDADS writes has to also go through KDHE process and once goes through KDHE and is

approved, it will be posted on the website. This is a new process.

Rumor is that KDADS and KDHE will be combining into one major superpower Medicaid agency, however Brandt is not aware of this.

**KDADS Reports:** Brandt - People receiving services – 8753 (without MFP); MFP 38; Waiting List 3584; Total # of accepted with new services in the last year with wait list - since July 1, 2015? (This number will be added to the notes); Does not include people on Working Healthy; Sherry asked if KDADS would consider reissuing the DD Monthly Summary.

**QMS Vacancies:** QMS department is restructuring. Janelle Lyons has taken Kristin Brandt's position.

**Foster Care System and Agency Directed Services:** No participants in SW Kansas that are willing to hire staff who they are not in direct control of, so how will provide SHC for these children? Brandt said has waiver says child in custody can't get self-directed services (either self-directed or nothing). The issue is we have to continue these individuals care. Brandt has a meeting on Monday, December 21<sup>st</sup> at 8:30 to discuss this. Children in Foster care system cannot come into self directed services. There are issues relating to agency directed services (capacity) and the DOL issues -- who is managing the situation. Something coming out on this soon. Some have services now...and how to accept them on 1/1/16; how do we do this? No agency are willing to hire strangers to provide Agency directed services...core issue is the rates.

**Minutes from October 2015:** The minutes from the October meeting need to be posted. Will need a minute taker for next meeting. Kimmie will have minutes out for review for this meeting with return review date.

**CDDO/KDADS Calls:** Kimmie suggested combining the CDDO calls with the monthly HCBS forums. Once the IW moves forward, there may be a need to re-establish these.

**KDADS Website:** Sherry provided the screen prints of policies from the KDADS website to KDADS. Once draft policies have completed comment period, they are pulled off the website until they are approved by KDHE and then they are posted as final.

**Future meetings:** Feb 4, 2016 and May 5, 2016 - 9:30 – Noon

**MCO Meeting with KDHE and KanCare:** People are being denied crisis requests because they haven't accessed EPSDT (Kan-be-healthy -KBH) (KBH -Early Periodic Screening Diagnosis and Treatment). Brandt asked if anyone has any clarification of this. We should not be denying people for crisis requests because they were not denied for EPSDT. EPSDT is not to be considered in the "exhausting of options" criteria. KDHE is saying the EPSDT is a benefit package and you go to the doctor to get everything they need and they don't need a copy of a letter from the doctor. Liz Phelps who runs this program will provide clarification.

**Foster Care Issue:** – KVC placing more kids than 2 in a foster care household. KDHE will be getting a letter out to their providers letting them know. Once Brandt receives a letter he will send it to us.

**Waiver Integration – Affiliation Process:** In IW there could be providers who are not providing services to IDD people, what would this look like if we have a lot more people coming to the CDDO to affiliate. If they want to serve IDD population. Will discuss further.

**EF Funding Policy – Comments from EF funding:** Policy on the website is in draft and does not include comments provided by the CDDOs. In order to process quickly, they did not include the comments because that would have added two weeks to the review process. The intent of the 10 day review was explained to Brandt and he appreciated knowing the requirement. The 10-day review period is specific to IDD policies, not all policies.

**Relationship between SED and IDD:** There are real gaps in the services. This is a concern that needs to be addressed. Kimmie will be reaching out for CDDOs to help her. Some individuals on the SED waiver who are on DSM-V may not be eligible for SED waiver. Kimmie is in the process of identifying which persons served will be impacted. This would primarily be autism process disorder. These people will need to be processed quickly.