

P O L I C Y

I S S U A N C E

KANSAS DEPARTMENT ON AGING

FINAL

To: Secretary's Office, Program and Policy, Administrative Services, Licensure, Certification, and Evaluation

Legal, Administration on Aging, Centers for Independent Living, KHPA

Independent TCM-FE Providers

AAA Directors and Board Chairman

PSA 01 Ruth Jones/Joseph Reardon/Loris Jones, PSA 02 Annette Graham/Thomas Winters, PSA 03 Greg Hoover/Wilmer Severns, PSA 04 Jocelyn Lyons/Tom Ryan, PSA 05 John E. Green/Ralph L. Barclay, PSA 06 Dave Geist/Phyllis Haltom, PSA 07 Elizabeth Maxwell/Eugene Highberger, PSA 08 Julie Govert-Walter/James Gabelmann, PSA 09 Jim Beckwith/Allison Mueller, PSA 10 Jodi Abington/Don Bales, PSA 11 Dan Goodman/Michael B. Press/Annabeth Surgaugh, K4A Craig Kaberline

Field Services Policy #: FS 2008-07

From: Patsy Samson

Date: 12/9/08

RE: (program) Case Management and Home and Community-Based Services for the Frail Elderly

Policy Issue: Revise existing policies regarding transfer of case management files based on the transfer of a customer to a new region and establish new policies regarding the transfer of a customer's file from one case management entity to another based on customer choice. Attached is KDOA form SS-045 to be used to document the customer's choice of targeted case management entity.

Check Appropriate Process:

Standard Policy Process, KDOA/KHPA Policy Process, Expedited Policy Process

Policy Implementation Through:

KDOA, KHPA, MMIS Fiscal Agent (EDS)

KDOA Contact Person(s): Laura Graham (785-296-7195) and Krista Engel (785-296-0385)

KHPA Contact Person(s): None

Related References/Processes:

Related Policy Number(s): 2008-01; 2008-02 Superseded Policy Number (2008-01; 2008-05)

K.A.R. Change Required? No KDOA Policy Manual Change? Yes

If yes: What Reference #(s), Date to initiate revision, Proposed effective date

State Plan Change Required? No

If yes: What section #(s) _____

Submission Date: _____

Transmittal Number (TN): _____

Supersedes Transmittal Number: _____

Waiver Amendment Required? No

Routing Information:

Internal Route Date: 11/7/08

Field Route Date: 11/7/08

KHPA Route Date: n/a

KHPA Approval Date: _____

Internal Comments Due Date: 11/20/08

Field Comments Due Date: 11/20/08

KHPA Comments Due Date: n/a

KDOA Approval Date: 12/08/08

Training Required?

KDOA Central Office: No

AAA Staff: Yes

Customer Education: No

KDOA Field Staff: _____

Contracted Case Managers: Yes

Rationale for Change: Revisions to Targeted Case Management (TCM) per CMS revisions made as a result of the Deficit Reduction Act of 2005 have resulted in the need to establish policies for transfer of a customer case file from one case management entity (CME) to another in order to ensure a smooth transition.

Final Policy: See attached policies and TCM-FE Provider Choice form (SS-045). The effective date for implementation of these policies is December 15, 2008.

Approved Disapproved

/s/
Secretary of Aging

Date

**FS 2008-07
CASE MANAGEMENT**

Sections 3.1 Case Management and 3.5 Home and Community Based Services/Frail Elderly

		SECTION	PAGE	STAKEHOLDER COMMENT		
1		3.1.8	E	3	9	Current KDOA policy DOES NOT require customer notification by KDOA when new FE service providers enroll. a. Why has KDOA singled out the service of TCM, excluding all other FE services (ATCR, MADDC, etc.), for this policy change? It seems that if KDOA is suggesting to notify customers regarding new case management entities, this protocol should apply (or not apply) to ALL services under the FE waiver, not just the TCM service. If draft policy is implemented without change, KDOA should be prepared for possible negative response from the other FE service providers that DO NOT currently receive this same courtesy.
KDOA RESPONSE:		<i>CMS requires that TCM-FE customers are offered a choice of case management service providers. Due to the sensitivity of the AAA or other case management entity needing to offer this service to another agency which is also its competitor for this service, it was KDOA's intent to neutralize the situation by taking responsibility for customer notification. However, due to the comments received, we have removed this from the policy. We have revised the language on the TCM-FE Provider Choice form to direct the customer to KDOA or the KDOA website for provider options.</i>				
2		3.1.8	E	3	9	The policy is unclear with the term "designated counties." Currently, the designated counties are defined by the PSA designations. Currently, customers are transferred from one case management entity to another based on county residence of the customer. However, if a new case management entity enrolls to provide TCM services in every county in Kansas, KDOA can no longer use the PSA designation for case transfers. a. Therefore, is the PSA designation based on county residence of the customer an obsolete way to transfer FE cases? b. Is the PSA designation going to be an obsolete way to track and monitor FE cases? c. Can an AAA enroll to provide TCM services in other counties outside their current PSA designation? KDOA should define "designated counties" clearly and allow each AAA the same opportunities being given to the new case management entities.
KDOA RESPONSE:		<i>The term was defined as the counties that the entity covered. Due to the rationale stated in Comment #1, we have decided to delete #3 and #4. a) No, as long as the AAA chooses to maintain the PSA as its designated service area. b) This will depend on whether or not the AAAs elect to honor service boundaries or if they choose to serve customers in other counties. KDOA will begin identifying AAAs and iTCMs as case management entities (CMEs). c) Yes, under TCM-FE, all providers have the opportunity to identify the counties in which they choose to provide TCM-FE services.</i>				

		SECTION			PAGE	STAKEHOLDER COMMENT
3		3.1.8	E	3	9	Currently KDOA does not notify HCBS customers when a new provider enrolls to provide services. That policy, or lack thereof, reflects an understanding that KDOA realizes the elderly clients are easily confused by letters which come in “official” form. The client’s first thought is loss of services and at that time they call their case manager and ask for clarification. Initiating a policy that KDOA will notify clients is not in the best interest of the client. It will cause confusion and unnecessary stress. It will also create billable time when the case manager must address the client’s confusion. It would also be inconsistent with other HCBS providers who would enjoy the free advertising from KDOA to help them have an opportunity to increase their caseload. Clients new to the HCBS system will be informed of case manager choice at the beginning of the process. Clients currently receiving services will be informed at the time of reassessment. The emotional health of the clients should not be compromised by KDOA’s self imposed urgency. CMS relies on the elderly using their website, so should KDOA.
KDOA RESPONSE:		<i>Refer to response to Comment #1.</i>				
4		3.1.8	E	3	9	Current KDOA policy DOES NOT require customer notification by KDOA when new FE service providers enroll. Has KDOA examined the cost of sending these letters out? Is this a needed expense during a time that the state’s budget is so bleak?
KDOA RESPONSE:		<i>Refer to response to Comment #1.</i>				
5		3.1.8	E	3	9	I want to indicate to you, for your records that PSA 02 does not agree with the draft policy 3.1.8, E. KDOA to notify in writing all HCBS-FE customers in designated counties informing them that they have a choice of CM entities for targeted case management services. This is not a customer friendly policy, it is treating TCM service different than any other service provided under this program, it is not a prudent use of funds to send out a letter each time a new provider is added and it will be confusing to older adult clients. We do not believe that TCM should be treated differently than all of the other services under the waiver and see this as unnecessary. Unless the customer is unhappy with their current provider or has requested information on new providers for the case management service there is no basis to provide information on providers. The list of available should be provided upon initial enrollment in the program and upon request of the client.
KDOA RESPONSE:		<i>Refer to response to Comment #1.</i>				

		SECTION			PAGE	STAKEHOLDER COMMENT
6		3.1.8	E	3	9	I am opposed to the proposed change in 3.1.8.E.3 whereby KDOA will notify all current HCBS-FE clients when a new entity will start providing TCM services. This amounts to free advertising for the new entity, and gives the perception that KDOA both endorses the new provider, and recommends a change. Why does KDOA need to do this?
KDOA RESPONSE:		<i>Refer to response to Comment #1.</i>				
7		3.1.8	E	4	9	This is a very good attempt at addressing the issue of an individual (an ex-employee/contractor of the AAA) using confidential information (customer name, age, SSN, Medicaid #, etc) obtained at the AAA for future financial gain in the private sector. In legal terms and for state court hearings, this concept is referred to as "Non-Compete Agreements." However, for this issue to have any merit in the FSM, the policy should specifically speak to non-compete agreements and how KDOA views ex-employees/contractors stealing protected HIPAA/confidential information from the AAA and using it for personal financial gain is a direct conflict of interest and will not be tolerated as written in policy and by legal non-compete agreements. a. Non- compete agreements: Many courts require these agreements to be time and region specific, to allow ex-employees freedom of other employment opportunities in the future. b. FSM should include or reference non-compete agreements and their legal validity in these unique situations.
KDOA RESPONSE:		<i>After further review, it was determined that 3.1.8.E.4 is unenforceable and therefore, has been deleted. As this is an employment issue, we have elected to leave it at the local level.</i>				
8		3.1.8	E	4	9	Case Lists from previous TCM-FE employment cannot be utilized to establish new HCBS/FE case loads. TCM's may not contact previous customers unless initiated by the customer. (Suggestion to Add) Violation of this may result in KDOA action as authorized including, but not limited to, monetary fines and referral of breach to the Kansas Health Policy Authority, which may result in action to terminate the case management entity's Medicaid Provider Agreement. Professional license violation and/or HIPAA violations will be pursued when applicable. The thought is to state KDOA's possible actions but not limit their options in calibrating the response to this type of breach for many reasons. Some breaches may warrant a tough sanction while others may not . . . we live in a colorful world and little is black & white.
KDOA RESPONSE:		<i>Refer to response to Comment #7.</i>				

		SECTION			PAGE	STAKEHOLDER COMMENT
9a		3.1.8	E	4	9	Excellent language, but a penalty such as that proposed in Section 3.5.18 B4 should be included. It appears that KDOA has placed considerable emphasis on timeliness of paper file exchange, yet has not addressed a penalty for the base issue of "taking" clients with them as individuals change work environments, either by contacting them after the fact or while still the case manager telling the client they are changing jobs and if they want to keep that person as their case manager, they must change basic entities. Either is unethical and should be addressed with a penalty. There is also no mention of KDOA following up when suspected breaches of this policy have occurred. What is KDOA's plan?
KDOA RESPONSE:		<i>Refer to response to Comment #7.</i>				
9b	Continuation	3.1.8	E	4	9	In addition, for consistency, KDOA must address 3.1.8 A.3 which addresses the supervision and monitoring of case management work and 3.1.8 C 2 which addresses development and implementation of an independent complaint mechanism. How is KDOA ensuring compliance?
KDOA RESPONSE:		<i>We will take this comment under advisement and address this issue in the coming months.</i>				
10		3.1.8	E	4	9	This appears to be referencing "non-compete agreements" but does not address the issue of HIPAA. WE think it is very important to stress the HIPAA violation that would occur if an ex-employee/contractor of the AAA used confidential information (customer name, age, SSN, Medicaid #, etc) obtained at the AAA for future financial gain in the private sector.
KDOA RESPONSE:		<i>Refer to response to Comment #7.</i>				
11		3.1.8	E	4	9	There is no penalty stated, or even implied, if under section 3.1.8.E.4 someone does use existing caseload information to begin a new case load. Yet there is a rather severe penalty possibility to be imposed in section 3.5.18.B. for not transferring information to a new entity. This gives all of the "advantages" to the new entity, and none to the existing providers (read AAAs). Why???
KDOA RESPONSE:		<i>Refer to response to Comment #7.</i>				

		SECTION			PAGE	STAKEHOLDER COMMENT
12a		3.1.8	E	4	9	NC-FH AAA is concerned that several provisions prevent it from effectively competing with iTCM-FE providers in the event that its customers choose to transfer provider. The consequences of breaching either of these provisions appears especially severe as "KDOA may take any action Meanwhile, new iTCM-FE providers appear to have no such restrictions placed upon them and are free to solicit NC-FH AAA's customers directly - notwithstanding section 3.1.8(E)(4)'s instruction that "Case lists from previous TCM-FE employment cannot be utilized to establish new HCBS-FE case loads." As a result, NC-FH AAA is having to watch with its hands tied while its customers are personally contacted and solicited for transfer to iTCM-FE providers. As the first point at which NC-FH AAA will become aware of this transfer is when it receives a transfer request, your draft policy prevents NC-FH AAA from actively attempting to retain its customers other than to send a letter or survey, which will oftentimes be overlooked or ignored. Moreover, once the transfer is complete, NC-FH AAA is prevented from even doing this much.
12b	Continuation	3.1.8	E	4	9	We understand those rules to be a part of a "Privatization" effort, which assumes free competition and communication by all providers. We strongly urge you to reconsider the consequences of this unnecessarily intrusive policy revision which handicaps NC-FH AAA and makes it unable to compete on a level playing field with newer iTCM-FE providers.
KDOA RESPONSE:		a) Refer to response to Comment #7. b) We are ensuring the customer's right to choose a case manager without the risk of harassment from a previous TCM-FE provider.				
13		3.1.8	E	5	9	(Suggestion to add) Case Management Entities shall not contact current HCBS/FE customer by phone, mail or in person with the intent to market. Violation of this may result in KDOA action as authorized including, but not limited to, monetary fines and the referral of such breach to the Kansas Health Policy Authority, which may result in action to terminate the case management entity's Medicaid Provider Agreement. Again just to clarify KDOA's possible actions but not limit their options in calibrating the response to this type of breach for many reasons. Some breaches may warrant a tough sanction while others may not.
KDOA RESPONSE:		Refer to response to Comment #7.				
14		3.5.18			41-44	In section 3.5.18, (customer transfer) nothing indicates that the sending unit may charge the receiving entity (either by relocation or customer choice) for the costs of duplication, faxing, processing, and mailing all of the required forms and case files. Since there is no acknowledgement in the FSM that this is permissible, why would a receiving entity feel obligated to pay those associates costs? What happens if they do not? Is the sending entity (read AAA) left to "eat" those expenses? Why???
KDOA RESPONSE:		This service is a billable component under TCM and should be provided and billed through MMIS and documented in the customer's case file. This expense cannot be charged to the receiving entity.				

		SECTION			PAGE	STAKEHOLDER COMMENT
15		3.5.18	A	1.e	41	e. transfer a copy of the following current documents (Suggestion to Add)within 5 business days prior to the end date for the sending agency and start date for the receiving agency (This should allow the receiving agency a few days to prepare -therefore no lapse in coverage for customer). Maybe a best practice instead of policy.
KDOA RESPONSE:		<i>This change has been made.</i>				
16		3.5.18	A		41-42	This policy change implies that the PSA designation still applies to the customer's residency which, in turn, dictates the TCM entity. However, KDOA can no longer assume the PSA designation will dictate the TCM entity of choice with the enrollment of new TCM providers defining their own service area. Therefore, section A, as written in draft, does not apply. KDOA must review this section and make needed changes to include policy for TCM entities who now define their own service areas. Relocation to another county NO LONGER mandates an automatic case transfer.
KDOA RESPONSE:		<i>This issue will be addressed in training.</i>				
17a		3.5.18	B	2	43-44	Currently, ALL requests to change any FE services are discussed with the customer and the current TCM entity PRIOR to any formal change request. This allows the current TCM entity to confirm with the customer their choice and discuss the process. This draft policy violates the AAA's ability to act on the best interest of the customer and provide the needed information for the customer to make appropriate informed decisions. This draft policy implies that the AAA will NOT act professional and allow the customer to transfer to another TCM entity, which is unfounded. a. What is the reasoning or concept behind not allowing the current TCM entity to confirm a change in service providers with the customer PRIOR to the change? b. Does KDOA understand the precedent being set if providers themselves initiate service changes and the current service provider is not allowed to confirm this request with the customer?
KDOA RESPONSE:		<i>a) We are ensuring the customer's right to choose a case manager without the risk of harassment from a previous TCM-FE provider. b) This does not apply to HCBS/FE services.</i>				
17b	Continuation	3.5.18 cont.	B	2	43-44	By allowing the receiving TCM entity to initiate a case transfer without follow-up by the current TCM entity, KDOA is setting a precedent which would allow other FE service providers to request the same treatment. Imagine a new ATCR provider faxing a provider choice form and release of information selecting their agency to the TCM entity without the TCM entity being able to contact the customer to verify this request? This would create total confusion and poor customer service from the TCM entity by not confirming the change PRIOR to the transfer.
KDOA RESPONSE:		<i>This does not apply to HCBS/FE services.</i>				

		SECTION			PAGE	STAKEHOLDER COMMENT
18		3.5.18	B	2	43	2 . . . the sending case management entity shall not contact the customer by phone, (suggest adding) mail or in person...However, a written (suggest removal of) letter or survey may be sent to customer requesting feedback. To gain greater clarity on what specific actions are permitted.
KDOA RESPONSE:		<i>This requirement has been left as proposed. We believe this is an important provision in that it allows case management entities to obtain feedback on the quality of its case management services.</i>				
19		3.5.18	B	2	43	We currently discuss all changes with the client prior to changing. This allows the case management entity to confirm that this is the customer choice. There have been too many times to count that we have been contacted about changing the provider of ATCR services or even a change in the case manager but once we contact the client it is not their desire to change. This current draft does not allow the AAA to act on the best interest of the client and provide the needed information to make an informed choice.
KDOA RESPONSE:		<i>Refer to response to Comment #18.</i>				
20		3.5.18	B	2	43	In 3.5.18.B.2. KDOA is prohibiting the sending entity (read AAA) from contact with the client once they receive a request to release records. What independent entity is looking after the client? How can one know that the client has not been "hoodwinked", harassed, or otherwise "recruited" by a former provider or case manager (who apparently has no sanctions against doing so, as mentioned in #2 above)? It appears to me that KDOA intends to throw clients "to the wolves" without any regard either for "fairness" or potential abuse by unethical providers. That is ridiculous!!!
KDOA RESPONSE:		<i>Refer to response to Comment #18.</i>				

		SECTION			PAGE	STAKEHOLDER COMMENT
21a		3.5.18	B	2	43	NC-FH AAA is concerned that several provisions prevent it from effectively competing with iTCM-FE providers in the event that its customers choose to transfer provider. The consequences of breaching either of these provisions appears especially severe as "KDOA may take any action Meanwhile, new iTCM-FE providers appear to have no such restrictions placed upon them and are free to solicit NC-FH AAA's customers directly - notwithstanding section 3.1.8(E)(4)'s instruction that "Case lists from previous TCM-FE employment cannot be utilized to establish new HCBS-FE case loads." As a result, NC-FH AAA is having to watch with its hands tied while its customers are personally contacted and solicited for transfer to iTCM-FE providers. As the first point at which NC-FH AAA will become aware of this transfer is when it receives a transfer request, your draft policy prevents NC-FH AAA from actively attempting to retain its customers other than to send a letter or survey, which will oftentimes be overlooked or ignored. Moreover, once the transfer is complete, NC-FH AAA is prevented from even doing this much.
21b	Continuation	3.5.18	B	2	43	We understand those rules to be a part of a "Privatization" effort, which assumes free competition and communication by all providers. We strongly urge you to reconsider the consequences of this unnecessarily intrusive policy revision which handicaps NC-FH AAA and makes it unable to compete on a level playing field with newer iTCM-FE providers.
KDOA RESPONSE:		<i>KDOA's policy is not a "privatization" effort and does not prevent competition, as the case management entity may send out a letter or pamphlet once the transfer has been completed. Rather, it promotes customer choice and protects the customer from coercion once the customer has elected to receive services from another case management entity.</i>				
22		3.5.18	B	5	44 (new)	(Suggestion to add) If a case management entity violates the no marketing clause by contacting current HCBS/FE customers by phone, mail, or in person KDOA may take action or seek any remedy authorized including, but not limited to, monetary fines and referral of breach to the Kansas Health Policy Authority, which may initiate action to terminate the case management entity's Medicaid Provider Agreement. Again just to clarify KDOA's possible actions but not limit their options in calibrating the response to this type of breach for many reasons. Some breaches may warrant a tough sanction while others may not.
KDOA RESPONSE:		<i>Refer to response to Comment #7.</i>				
23		3.5.18	B	3.a	44	(suggest change to) within 5 working days Thought here is that in house case management is likely to be able to comply in 3 however, contractors may have greater difficulty due to limited back-up. This allows for greater flexibility.
KDOA RESPONSE:		<i>This change has been made.</i>				

		SECTION			PAGE	STAKEHOLDER COMMENT
24		3.5.18	B	3.c	44	(suggest change to) within 5 working days Thought here is that in house case management is likely to be able to comply in 3 however, contractors may have greater difficulty due to limited back-up. This allows for greater flexibility.
KDOA RESPONSE:		<i>This change has been made.</i>				
25		3.5.18	B		43-44	The Statewide Kansas Area Agencies on Aging supervisors put together suggestions for a case transfer process with a detailed process for a smooth and seamless case transfer from one TCM entity to another. This information was routed to K4A for discussion. a. Did KDOA receive this information, and if so, consider this information when the draft policy was written? b. What does the release of information look like? Is this the POC OR some other release form?
KDOA RESPONSE:		<i>a) Yes, KDOA did receive the suggestions from the KS Area Agencies on Aging supervisors and used the information as a basis for this policy. However, there were differing points of view and KDOA sought to find a balance to reconcile these differences. b) KDOA is not providing a standard "Release of Information" form. This form should be developed at the local level if not already available.</i>				
26a		3.5.18	B		43-44	The tone of this section is written such that it implies that the case managers who are currently providing service, and have for over ten years, and who are responsible for making the FE waiver the successful waiver that it is known to be, would behave in an unprofessional manner. While there may have been gut reactions as the current process has evolved, area agency directors are responsible for running professional programs and will continue to do so. To disallow verbal contact with the client from the "get go" is not reasonable nor in the best interest of the client. Clients who may be dissatisfied at some point in time generally want to discuss their questions and reach a solution.
KDOA RESPONSE:		<i>Unfortunately, as this process has evolved, there has been unprofessional activity. This policy has been developed to promote customer choice and protect the customer from coercion once a decision has been made by the customer to receive services from another case management entity.</i>				
26b	Continuation	3.5.18 cont.	B		43-44	I do not want to see KDOA put into policy anything that will hamper professionals doing their jobs. The way the proposed policy is written appears that if a client calls and says "I want to change case managers", instead of asking why and solving the problem if possible, which is the professional approach, we are to assume that the problem can't be solved and just tell them to call someone else. Don't hamper professional behavior and don't be so quick to assume area agency on aging case managers don't want what's best for the clients.
KDOA RESPONSE:		<i>The policy, as written, does not prevent the customer from changing case managers within the case management entity. The policy intent it to allow the customer to change service providers if they so choose.</i>				

		SECTION			PAGE	STAKEHOLDER COMMENT
27		3.5.18	B		43-44	The transfer of files time requirement is overly restrictive for those entities (read AAAs) that have contracted, out-posted case managers. It may take several days, especially in rural areas, to obtain the full original files back in the AAA office from an out-posted case manager. Is this billable time? Is it billable time to photocopy, fax, or mail the files to the new entity? If not, KDOA has just imposed a significant workload, and major cost, upon the program without any possible way to pay for these expenses.
KDOA RESPONSE:		<i>Refer to response to Comment #14.</i>				
28		Overall			All	RECOMMENDATION: Develop a Policy Change Task Force to review the needed changes and allow the task force to explore all aspects of policy development, paying particular attention to possible negative ramifications to the customer. The task force should include KDOA staff, AAA staff, private case management entities, legal staff, customers or customer representatives, and other FE providers.
KDOA RESPONSE:		<i>As part of the policy development process, KDOA staff meet with different stakeholders with varying points of view, and then develop a draft policy based on the information derived, from which we seek stakeholder feedback. Time constraints and the differences in perspectives often mean that KDOA is required to make a policy decision that does not satisfy every stakeholder's position.</i>				
29		Overall			All	RECOMMENDATION: Do not rush a policy change of this magnitude. Draft policy was posted 11-7-08, with an effective date of 12-1-08. This process should be given appropriate time for policy development and appropriate time for community feedback.
KDOA RESPONSE:		<i>K4A requested that KDOA expedite this policy as customers were caught up in the confusion of requirements for transfer to another case management entity.</i>				
30		Overall			All	RECOMMENDATION: The current draft policy requires further review before it can be considered final policy. Future policy development from KDOA should include a more universal approach to policy change, which includes at the minimum, a task force of those the policy will impact the most.
KDOA RESPONSE:		<i>Refer to responses to Comments #28 & #29.</i>				

		SECTION		PAGE	STAKEHOLDER COMMENT
31		Overall		All	CONCLUSION: PSA 01 is NOT in favor of the current draft policy language and strongly believes many of these proposals do not protect the customer and does not allow for the AAA to act as aging advocate, a mission we have all undertaken with great pride and success.
KDOA RESPONSE:		<i>Refer to responses to Comments #28 & #29.</i>			
32		Overall		All	CONCLUSION: The implementation of these changes have not been thoroughly discussed and the major ramifications that may occur to the customer have not been reviewed. And a deadline effective date of December 1, 2008 is too rushed for policy changes of this magnitude.
KDOA RESPONSE:		<i>The effective date of this policy has been changed to December 15, 2008. Refer to response to Comment #29.</i>			
33		Overall		All	CONCLUSION: Overall, it looks like KDOA is "bending over backwards" to accommodate new iTCM entities, (one of who has already proven themselves to be highly unethical), while completely disregarding longstanding AAA professionalism. I object!!!
KDOA RESPONSE:		<i>We appreciate the way AAAs have provided services in the past; however, CMS now requires we provide choice to customers. Thus, the overall guiding principle is to protect the right of the customer to choose his or her provider. It appears there may be some confusion in the term "case management entity", which applies to both AAAs and iTCMs. These policies have been developed to provide guidelines for both the sending and the receiving case management entity. Again, KDOA is looking at policy that protects each customer's choice of provider.</i>			