

Kansas Home and Community-Based Services Settings Rule

Statewide Transition Plan

As modified March 31, 2019

Purpose

On March 17, 2014, the Centers for Medicare and Medicaid Services (CMS) issued the Home and Community Based Services Settings Rule (called the Rule in this transition plan). The Rule requires states to review and evaluate Home and Community-Based Services (HCBS) Settings, including residential and nonresidential settings. States are required to analyze all HCBS settings where HCBS participants receive services to determine current compliance with the Rule. The Kansas Department for Aging and Disability Services (KDADS) has created a State Transition Plan (STP) to assess compliance with the HCBS Settings Rule and identify strategies and timelines for coming into compliance with the Rule. The federal regulation for the new rule is § 42 CFR 441.301(c)(4)-(5). More information on the rules can be found on CMS' [Home & Community Based Services](#) webpage.

Kansas submitted their initial statewide transition plan on March 17, 2015. Kansas has undergone staff changes and as a result changed direction with their Statewide Transition Plan and implementation. As a result of this change and in accordance with requirements set forth in the Rule release January 16, 2014 (See § 42 C.F.R. 441.301(c) (6)), Kansas now submits their amended Statewide Transition Plan. Changes include increasing stakeholder participation, integrating stakeholder recommendations, revised timelines, and proactive approaches for engaging stakeholders. The identified need for a new direction was derived from the collective views not only of service recipients, HCBS providers, and the state, but also significant and ongoing technical assistance provided to Kansas by officials from the Centers for Medicare and Medicaid Services (CMS). Further, this amended plan includes summaries from previous and ongoing public comment sessions along with the KDADS responses.

The amended STP draft was open for public comment from, November 15, 2016 through December 28, 2016. The public comment period lasted 30 days to allow an opportunity for HCBS consumers, providers, stakeholders and other interested parties to provide input on the Transition Plan. Notice of comment period was posted on the KDADS web site and disseminated through the local network of Community Developmental Disability Organizations (CDDO) and Aging and Disability Resource Centers (ADRC). Stakeholders were also informed on how to get a hard copy of the draft transition plan. This notification was published in the Kansas Federal Register and through email announcements. Notes were recorded for each in-person and telephonic session. Attendees "called-out" their responses by name, which were also recorded. Attendees were also offered an opportunity to provide feedback on a paper survey available during the meetings and online. Attendees were also told they could comment via

email to a special KDADS address. Another unique feature are regular stakeholder calls which have been held at varying frequency since the initial public comments sessions in 2016. Feedback from these calls is recorded and posted on the KDADS web site for immediate and future consideration. The statewide transition plan incorporates these public comments. Please see Appendix D for responses to public comments. An overview of the seven 1915(c) waivers currently operating in Kansas follows.

For individuals who need accommodation to access this information, contact KDADS by phone at 785-296-4986 by or email HCBS-KS@kdads.ks.gov Subject Line: KDADS-HCBS Transition Plan Accommodation

Si desea esta informacion en Español, por favor llame al 1-800-766-9012.

Overview of Kansas Medicaid Home and Community Based Services Waivers

Waiver	Autism (AU)	Intellectual/ Developmental Disability (I/DD)	Physical Disability (PD)	Technology Assisted (TA)	Traumatic Brain Injury (TBI)	Frail Elderly (FE)	Serious Emotional Disturbance (SED)
Institutional Equivalent	State Mental Health Hospital Services	Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF IDD)	Nursing Facility	Acute Care Hospital	Traumatic Brain Injury Rehabilitation Facility (TBIRF)	Nursing Facility	State Mental Health Hospital
Eligibility	<p>Time of diagnosis through 5 years of age</p> <p>Diagnosis of an Autism Spectrum Disorder</p> <p>Meet functional eligibility requirements</p>	<p>Individuals age 5 and up</p> <p>Meet definition of developmentally disabled</p> <p>Meet functional eligibility requirements</p>	<p>Individuals age 16- 64*</p> <p>Determined disabled by SSA</p> <p>Needs assistance with activities of daily living</p> <p>Meet functional eligibility requirements</p>	<p>Children under the age of 22</p> <p>Dependent upon intensive medical technology</p> <p>Medically fragile</p> <p>Meet functional eligibility requirements</p>	<p>Individuals age 16- 64*</p> <p>Experienced a traumatically acquired brain injury</p> <p>Meet functional eligibility requirements</p>	<p>Individuals 65 or older</p> <p>Functionally eligible for nursing care</p>	<p>Children 4-18; age exceptions are granted upon need.</p> <p>Determined seriously emotionally disturbed by CMHC</p> <p>Meet admission criteria for state hospital</p>
Point of Entry	Preliminary Autism Application sent to the HCBS/Autism Program Manager	Community Developmental Disability Organization	Aging and Disability Resource Center	Children's Resource Connection	Aging and Disability Resource Center	Aging and Disability Resource Center	Community Mental Health Center

Financial Eligibility Rules	<p>Only the individual's personal income and resources are considered</p> <p>Parents income and resources are not counted, but are considered for the purpose of determining a family participation fee</p> <p>Income over \$727 per month must be contributed towards the cost of care</p>	<p>Only the individual's personal income and resources are considered</p> <p>Parents income and resources are not counted, but are considered for the purpose of determining a family participation fee</p> <p>Income over \$727 per month must be contributed towards the cost of care</p>	<p>Only the individual's personal income and resources are considered</p> <p>Parents income and resources are not counted, but are considered for the purpose of determining a family participation fee</p> <p>Income over \$727 per month must be contributed towards the cost of care</p>	<p>Only the individual's personal income and resources are considered</p> <p>Parents income and resources are not counted, but are considered for the purpose of determining a family participation fee</p> <p>Income over \$727 per month must be contributed towards the cost of care</p>	<p>Only the individual's personal income and resources are considered</p> <p>Parents income and resources are not counted, but are considered for the purpose of determining a family participation fee</p> <p>Income over \$727 per month must be contributed towards the cost of care</p>	<p>Only the individual's personal income and resources are considered</p> <p>Income over \$727 per month must be contributed towards the cost of care</p>	<p>Only the individual's personal income and resources are considered</p> <p>Parents income and resources are not counted, but are considered for the purpose of determining a family participation fee</p> <p>Income over \$727 per month must be contributed towards the cost of care</p>
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* If individual is on the waiver when turning 65, they may choose to remain.

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Summary of Kansas' Steps to Compliance:

Systemic Assessment (completed)

- Inventory and description of HCBS settings
- Review of statutes, regulations, contracts, policies and manuals

Settings Assessment (in process)

- Assessments by desk review and onsite visits for HCBS settings
- Identify areas of non-compliance
- Identify the number of individuals affected by the HCBS Settings Rule
- Setting types in compliance, partial compliance, or not in compliance with the HCBS settings rule, or require heightened scrutiny

Remediation (in process and ongoing)

- Plan from providers to the state with timelines to come into compliance with the Rule
- For providers unable to come into compliance, a transition plan to move individuals to settings that are in compliance with the Final Settings Rule, the provider will provide a transition plan for the individuals to locate into a setting that is in compliance with the rule
- Ongoing and continuous monitoring

Heightened Scrutiny (in process)

- For settings presumed by CMS and/or the State not to comply with the Final Settings Rule, the state will request heightened scrutiny for the settings. An onsite visit is conducted to determine if there is sufficient evidence to present to CMS that the setting is in fact community based. Settings in Kansas that require heightened scrutiny are sheltered workshops, day programs, adult day care, Assisted Living, Residential Health Care, Home Plus facilities that are attached or on the ground of an institution

Monitoring (in development)

- Ensuring ongoing compliance with the Final Settings Rule
- Public Engagement (ongoing)
- Notifying affected individuals about the impact of the HCBS settings rule and related changes
- Providing forums for public comment and responses received including public comments and responses
- Developing and/or revising the Transition Plan based on input received
- Assisting in the development of a transition plan to come into compliance with the settings rule

Systemic Assessment

Waiver Services – Risk Assessment

As a part of the systemic assessment, KDADS reviewed the services offer in each HCBS waiver program. When evaluating these services, KDADS determined the level of risk and categorized. In this analysis, KDADS utilized the categories listed below and provided specific rationale on how this conclusion was reached. The categories include:

- **Low:** This service is currently believed to be compliant with final rule requirements.
- **Medium:** This service may not currently be compliant with final rule requirements as currently defined by the HCBS waiver. Regulatory or policy changes may be required to achieve compliance.
- **High:** This service is not currently compliant with final rule requirements as currently defined by the HCBS waiver. Regulatory or policy changes will be required to achieve compliance.

In addition to analyzing risk per waiver service, KDADS also examined current utilization as indicated on most recent MCO Utilization Management Report for 2016 quarter 4. This information will assist in determining overall risk and informs the strategies developed throughout this plan.

Physical Disability Waiver Risk Assessment

Service	Level of Risk Associated with Compliance with Final Rule	Number of Participant
Personal Care Services (PCS)	Medium - Largely this service is provided in a participant’s home and poses no risk to compliance with final rule requirements. This service has medium risk stemming from final rule compliance gaps present in assisted living facilities, residential health care facilities, and home plus which provide some limited PCS services to PD participants.	3721
Financial Management Services (FMS)	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	4339
Assistive Services	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	27
Enhanced Care Services	Medium - Largely this service is provided in a participant’s home and poses no risk to compliance with final rule requirements. This service has medium risk stemming from final rule compliance gaps present in assisted living facilities, residential health care facilities, and home plus which provide some limited PCS services to PD waiver participants.	917
Home-Delivered Meals Service	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	1487
Medication Reminder Services	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	286
Personal Emergency Response System	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	2065

Frail Elderly Waiver Risk Assessment

Service	Level of Risk Associated with Compliance with Final Rule	Number of Participants
Financial Management Services	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	1986
Adult Day Care	Medium - This service has medium risk stemming from the current location of many adult day cares within hospitals, institutions, or nursing facilities.	38
Assistive Technology	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	9
Comprehensive Support- Provider Directed	Medium - Largely this service is provided in a participant's home and poses no risk to compliance with the final rule requirements. This service has medium risk stemming from final rule compliance gaps present in assisted living facilities, residential health care facilities, and home plus which provide some limited PCS services to PD waiver participants.	13
Comprehensive Support - Self-Directed	Medium - Largely this service is provided in a participant's home and poses no risk to compliance with the final rule requirements. This service has medium risk stemming from final rule compliance gaps present in assisted living facilities, residential health care facilities, and home plus which provide some limited PCS services to PD waiver participants.	5
Enhanced Care Service	Medium - Largely this service is provided in a participant's home and poses no risk to compliance with the final rule requirements. This service has medium risk stemming from final rule compliance gaps present in assisted living facilities, residential health care facilities, and home plus which provide some limited PCS services to PD waiver participants.	148
Home Telehealth	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	164
Medication Reminder	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	75
Nursing Evaluation Visit	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	9
Oral Health Services	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	0

Personal Care Services - Provider Directed	Medium - Largely this service is provided in a participant's home and poses no risk to compliance with the final rule requirements. This service has medium risk stemming from final rule compliance gaps present in assisted living facilities, residential health care facilities, and home plus which some limited PCS services to PD waiver participants.	3596
Personal Care Services- Self Directed	Medium - Largely this service is provided in a participant's home and poses no risk to compliance with the final rule requirements. This service has medium risk stemming from final rule compliance gaps present in assisted living facilities, residential health care facilities, and home plus which provide some limited PCS services to PD waiver participants.	1805
Personal Emergency Response	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	2258
Wellness Monitoring	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	560

HCBS-IDD Waiver Risk Assessment

Service	Level of Risk Associated with Compliance with Final Rule	Number of Participants
Personal Care Services (PCS)	Low - Largely this service is provided in a participant's home and poses no risk to compliance with final rule requirements.	640
Financial Management Services (FMS)	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	2672
Assistive Services	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	24
Enhanced Care Services	Low - Largely this service is provided in a participant's home and poses no risk to compliance with the final rule requirements.	75
Day Supports	Medium - This service provides a variety of services under this category. This service has medium risk stemming from the current design of sheltered workshops and/or congregate-style work centers only for persons with IDD.	4545
Overnight Respite Care	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	31
Residential Supports	Medium - This service provides a variety of services under this category. This service has medium risk stemming from the current design of group homes.	5164
Supported Employment	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	42
Medical Alert Rental	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	60
Sleep Cycle Support	Low - This service is now covered under enhanced care services.	101
Specialized Medical Care	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	43

Supportive Home Care	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	394
Wellness Monitoring	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	733

Technology Assisted Waiver Risk Assessment

Service	Level of Risk Associated with Compliance with Final Rule	Number of Participants
Medical Respite Care	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	24
Financial Management Services (FMS)	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	188
Personal Care Services	Low - Largely this service is provided in a participant's home and poses no risk to compliance with the final rule requirements.	188
Health Maintenance Monitoring	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	2
Home Modification	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	0
Intermittent Intensive Medical Care	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	6
Specialized Medical Care	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	337

Traumatic Brain Injury Waiver Risk Assessment

Service	Level of Risk Associated with Compliance with Final Rule	Number of Participants
Personal Care Services (PCS)	Low - Largely this service is provided in a participant’s home and poses no risk to compliance with the final rule requirements.	366
Occupational Therapy	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	61
Physical Therapy	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	78
Speech and Language Therapy	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	56
Financial Management Services	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	231
Assistive Services	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	1
Behavior Therapy	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	56
Cognitive Rehabilitation	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	141
Enhanced Care Service	Low - Largely this service is provided in a participant’s home and poses no risk to compliance with the final rule requirements.	90
Home Delivered meal Service	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	127
Personal Emergency Response System and Installation	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	125

Transitional Living Skills	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	236
Autism Waiver Risk Assessment		
Service	Level of Risk Associated with Compliance with Final Rule	Number of Participants
Intensive Individual	Low - This service has moved to the state plan via Autism waiver amendment/renewal.	44
Respite Care	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	14
Consultative Clinical and Therapeutic Services (autism specialist)	Low - This service has moved to the state plan via Autism waiver amendment/renewal.	45
Family Adjustment Counseling	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	2
Interpersonal Communication Therapy	Low - This service has moved to the state plan via Autism waiver amendment/renewal.	5
Parent Support and Training (peer to peer) Provider	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	24

Serious Emotional Disturbance Waiver Risk Assessment

Service	Level of Risk Associated with Compliance with Final Rule	Number of Participants
Attendant Care	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	1488
Independent Living/Skills Building	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	235
Short-Term Respite Care	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	980
Parent Support and Training	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	1924
Professional Resource Family Care	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	7
Wraparound Facilitation	Low - This service is fully integrated into the community, provides support to individuals to remain in community settings, and is not perceived to pose any risk to meeting final rule requirements.	2608

Reference materials- Appendix A

Systemic Assessment Methodology

The Center for Organizational Development and Collaboration (CODC) has produced a general analysis of the gaps in regulations, standards, policies, licensing requirements, and the 42 CFR 441.301 C Final Setting Rule, which clearly states the content and intent of the policy, law, or regulation. In order to accomplish this task the CODC has partnered with the Kansas Department for Aging and Disability Services (KDADS) staff in order to compile a list of systemic documents effected by the Final Rule. This list encompasses Codified Federal Regulation 42 CFR 441.301c (4) Final Rule, Kansas State Regulations/Statutes, KDADS internal policy, KDADS provider manuals, contracts and any other documentation pertaining to the Final Setting Rule. The CODC has drafted detailed matrices developing a side-by-side comparison of all categories with the Final Rule and identify where the categorized material is compliant, partially compliant, non-compliant or silent in regards to the Final Setting Rule. The CODC has recommended systemic changes to KDADS based on the results of the analysis.

Remediation Strategy

KDADS in partnership with the CODC has facilitated a work group to draft language for policy and regulatory changes, as well as applicable timelines for remediation. KDADS will perform ongoing review the policy language from the work group and make final decisions regarding the changes. KDADS will submit changes through its internal review process partnering with Kansas' fiscal administrative responsible agency for Medicaid, the Kansas Department of Health and Environment (KDHE), in order to institute the necessary regulatory and policy changes. KDADS will introduce statutory and/or regulatory revisions during the earliest legislative cycle(s) with an effective date for new legislation to be dependent upon when the statute is signed by the Governor.

Current Settings Compliance Presumption and Inventory

The first component of the setting review identified and analyzed the types of settings in which the HCBS services in Kansas are currently provided. This analysis was based on following questions:

1. What are the types of settings HCBS participants are receiving services in?
2. What is the standard used to review the setting?
3. What is the presumption of compliance against the Final Rule?

Once these questions were discussed, KDADS grouped these settings into the following categories:

1. **Settings Presumed Fully Compliant:** These settings will meet all the characteristics that define fully compliant settings. This presumption is based upon the fact the settings are typically located across the community, do not have an isolating effect, and the individual is free to exercise individual choice based on preference.
2. **Settings may be compliant or can become compliant with remediation:** These settings may or may not currently be compliant but it is believed with specific remediation the settings will become compliant. The general issues surrounding these categories stem from licensing regulations that need changed or the setting is perceived to have an isolating effect on the individual.
3. **Settings presumed to be non-compliant but present evidence for heightened scrutiny:** These settings are currently presumed to be non-compliant, however could present evidence that would categorize them as a heightened scrutiny setting. These settings are either co-located or adjacent to a non-compliant setting (nursing or institutional setting) or have the effect of isolating individuals receiving HCBS from the broader community.
4. **Settings do not and will be unable comply:** These settings are determined to be both out of compliance and unable to comply with the HCBS settings rule. These settings are characterized as settings that would need to comply with the final rule and are not compliant and will be unable to remediate.

Systemic Policy Assessment Format

The Gap Analysis represents a systemic assessment of regulation and policy. Its format is designed to follow the flow of policy as it is implemented. The policy review begins with Kansas Statutes Annotated (K.S.A.) and descends to KDADS Policies and continues as follows:

- KDADS Policies
- Settings Analysis of Home and Community Based Settings
- Kansas Statutes Annotated (K.S.A.) and/or Kansas Administrative Regulations (K.A.R)
 - Foster Settings Licensed/Managed by the Division of Children and Families (DCF)
 - Adult Care Homes
 - IDD Specific Settings
 - Sheltered Employment
 - Disability Specific Camps/Day Settings
- Kansas Contracts
- KDADS Provider Manuals

KANSAS Home and Community Based Services (HCBS) Programs Transition Plan – Settings Analysis

YES – Settings presumed fully compliant with HCBS characteristics			
NOT YET – Settings may be compliant, or with changes will comply with HCBS Characteristics			
Heightened Scrutiny			
NO – Settings do not comply with HCBS characteristics			
Type of Setting by Statute (where applicable)	Waivers Affected	Next Steps	Current Inventory
Community Based Setting			
Member owns/leases home, which is not provider-owned or controlled, and where services are provided in person’s home	AU, FE, IDD, PD, SED, TA, TBI	Compliant	11,500
Foster Family Homes	AU, IDD, PD, SED, TA, TBI	Compliant	633
Supported Employment provided in an integrated community setting/competitive employment, Supported Employment is an individualized (1-1) service.	IDD	Compliant	89
Foster Settings Licensed/Managed by DCF			
Children’s Residential/Foster Care Settings	Foster Care Residential Center Group Boarding Home: HCBS services cannot be provided in Boarding Homes and therefore this setting is not covered by the HCBS Final Rule. Not Applicable	See Attendant Care Youth, Foster Care Res Center Boarding Group Home Analysis	55
Characteristics of Residential Settings			
These are characteristics of settings and not settings in and of themselves, they represent components of licensure/review for a setting. The state needs to define as what is acceptable and what is not and assess for these characteristics within the Settings Assessment section of the STP.			
Provider-owned/controlled homes and apartments for individuals with specific disabilities	PD,FE, IDD	Heightened Scrutiny	147
Apartment Complexes where the majority of residents receive HCBS	PD,FE, IDD	Heightened Scrutiny	
Multiple locations on the same street, apartment, location, operated by same provider (including duplexes and multiplexes)	FE, IDD	Heightened Scrutiny	
Any setting on the grounds of or adjacent to a public institution	FE, IDD	Heightened Scrutiny	356

Settings that isolate participants from the broader community or were created for specific disabilities	FE, IDD	Heightened Scrutiny	(included in the 147 above)
Adult Care Homes			
Nursing Facilities/Skilled Nursing Facilities/Nursing Facility for Mental Health	FE, IDD	Institutional equivalent for FE, PD	0 (HCBS funding is not available for these facilities)
Assisted Living Facilities	PD, FE, IDD	See Assisted Living Facilities Analysis	116
Residential Care Facilities (RCFs) (of any size)	PD,FE, IDD	Heightened Scrutiny	1
Home Plus Facilities	PD,FE, IDD	See Home Plus Analysis	57
Boarding Care Homes	Not applicable	See Boarding Care Homes Analysis	0 (There are 6 in the state but currently no HCBS participants are receiving services in these types of facilities)
Adult Day Care Facilities – Stand-a-lone	FE	See Adult Day Care Analysis	1 Stand Alone 165 – in/near institutional setting
IDD Specific Services			
IDD Residential – Shared Living/Host Homes/Extended Family Teaching Model (click here for HCBS setting licensing detail)	IDD	See IDD Specific Services Analysis	250
IDD Residential – Group Home Settings (click here for HCBS setting licensing detail)	IDD	See IDD Specific Services Analysis	2500
IDD Day Services – Congregate Settings, located in building that also provides disability-specific services or where provider offices are located (click here for HCBS setting licensing detail)	IDD	See IDD Specific Services Analysis	219
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IIDs)	IDD	Institutional equivalent for IDD	24
Hospital/State Hospitals (Parsons, Larned, Osawatomie, KNI)	IDD	Institutional equivalent for IDD	4 (0 residents receive HCBS funding)
Sheltered Employment/Disability-Specific Work Crews	IDD	See Sheltered Employment Analysis Heightened Scrutiny	Included in IDD Day services above
Disability-specific camp/day settings (except Respite)	AU, IDD	Not applicable – temporary in nature, 30-day stay or less	

Institutions, including for Mental Disease and Psychiatric Residential Treatment Facilities	FE, IDD, SED	Institutional	4 (0 residents receive HCBS funding)
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During the inventorying process, the state identified an opportunity for improvement. The state will work with MCOs to identify the specific setting the service will be delivered in as part of the person-centered service plan development process resulting in increased effectiveness of the settings inventory process.

Person Centered Service Plan Requirements

Following quality data from 2014 performance measure outcomes and an October 2016 on-site audit of KanCare MCOs, KDADS has begun a systematic review of the person-centered service plan process. KDADS is reviewing its current processes regarding plan of care development, and more inclusively the integrated support planning (ISP) document and associated processes. This evaluation has/will include:

A review of the currently approved 1915 (c) waivers

1. A required self-assessment by the MCO of their current ISP cross-walked with person centered service plan (PCSP) requirements present in the final settings rule and current waiver performance measures. This self-assessment will include specific citations and documentation requirements providing evidence of compliance.
2. A gap assessment of current process and ISP/PCSP planning document areas of non-compliance.
3. Establishment of an updated comprehensive PCSP policy and standardization.
4. Training and PCSP policy and implementation

In addition to the above process changes, KDADS has worked directly with stakeholders and KDHE to develop a comprehensive care planning and functional eligibility instrument. This instrument, tested and proven reliable and effective by InterRAI and University of Kansas (KU), provides a platform for comprehensive care planning from functional eligibility assessment to completed ISP. This change will allow KDADS more oversight over plan of care components, provide standardization across MCOs, and will create a seamless reporting environment.

Currently the PD, FE, and TBI tool is ready for field testing and simply requires approval from CMS. CMS has indicated any change would require applicable waiver amendments even when this change was previously indicated in the currently approved waivers and does not represent a substantial change.

Person Centered Service Planning – Project Plan

Action Steps	Milestones	Deliverables	Target completion date	Responsible Entity	Status Update	Date Completed	CMS Accept
Waiver review and identification of inconsistencies for each 1915 c wavier by independent reviewer (Wichita State University)	Delivery of each waiver review report	Report	3/1/17	WSU	Completed	7/7/2017	
MCO ISP self-assessment and gap analysis	Complete review and analysis of MCO ISP self-assessments and documentation	Verification of self-assessment	2/15/2017	KDADS	Completed	2/20/2017	
	Determine current ISP gaps as cross-walked between federal requirements and 1915 (c) wavier performance	Draft gap assessment	3/1/2017	KDADS	Completed	2/20/2017	
	Produce final report of current gaps and project plan to address	Finalized gap assessment	3/15/2017	KDADS	Completed	3/10/2017	

Draft and finalize ISP planning policy to address each federal requirement and 1915(c) performance measures.	Develop policy and route through internal processes including 30 day public comment period.	Approved policy	8/15/2017	KDADS	Completed	4/16/2018	
Conduct follow-up activities to ensure performance of required activities.	Training for MCOs and applicable licensed providers	Follow-up checks	Quarterly and on-going	KDADS, MCOs	Expected to meet target	On-going	

HCBS Waivers

HCBS waivers were reviewed for compliance in March 2016. The change in direction of the Statewide Transition Plan by the state will require revisions to individual HCBS waivers. Required waiver revisions include changes in the language for the State Transition Plan that are necessary to comply with the Rule. This will be completed in coordination with the State Medicaid Agency that is the Kansas Department of Health and Environment (KDHE) and CMS. More specifically KDADS expects appendixes A, C, D and E to require revision. KDADS expects these revisions to occur in the following order and timeframe:

- Autism Waiver: Approved April 2017; renewal due 2022
- Severe Emotional Disturbance Waiver: Approved April 2017; renewal due 2022
- Physically Disabled Waiver: Approved August 2015; renewal due January 2020
- Frail Elderly Waiver: Approved September 2015; renewal due January 2020
- Traumatic Brain Injury: Approved September 2015; renewal due July 2019
- Technology Assisted Waiver: Approved August 2018; renewal due January 2023
- Intellectual/Developmentally Disabled Waiver: Approved August 2015; renewal due July 2019

Key items to be considered in waiver amendments and renewals include:

1. Perform analysis of current waiver operations and establish goals for waiver revision.
2. Maximizing opportunities for self-direction in accordance with Kansas statutes, specifically K.S.A. 39-7,100.
3. Develop strategies and services to better support employment goals and a person-centered approach.
4. Evaluate waiver services and remediate risk to Final Rule compliance.
5. Evaluate current waiver performance measures and associated processes.
6. Evaluate current 372 reports, Corrective Action Plans, and implement remediation efforts as appropriate.

Specific to the I/DD waiver, KDADS has requested technical assistance from the National Association of State Directors of Developmental Disabilities Services (NASDDDS). Following this request, KDADS has been approved for technical assistance from CMS to support the following:

1. Provide technical assistance to the state related to identifying sources, obtaining and analyzing supports and services, trends and demographics of the current waiver environment,
2. Assist the state in targeting areas for improvement in services and supports particularly in day, employment and residential service and supports. Help the state articulate expectations related to improvements to all partners, including but especially MCOs, providers and

CDDOs.

3. Technical assistance/guidance on increasing the quality of services for people with I/DD through planning with state staff and stakeholders.
4. Provide short term, targeted strategic planning in concert with stakeholders to assist informing service and support review and recommendations.
5. Assist the state in reviewing service specifications, with a primary focus on residential and nontraditional living options and employment supports.

Following each waiver amendment or renewal, KDADS will follow the KDHE policy process for waiver submission. As part of this process, KDHE's contractor DXC Technology will update the corresponding KMAP manual. This will ensure consistency between the waiver language and the KMAP manual for the corresponding waiver.

Current KDADS HCBS Policy

KDADS has completed a systematic review of all policy documents (including the HCBS waivers). KDADS has contracted with Wichita State University (WSU) to perform both an independent review of the HCBS waivers and HCBS policy. The project objectives for this review include:

1. Perform an environmental scan with strengths, weaknesses, opportunities, threats (SWOT) analysis and gap assessment concerning HCBS policies.
2. Creation of a sustainable policy advisory council consisting of HCBS stakeholders.
3. Engage stakeholders to solicit feedback on current policy opportunities and needs.
4. Develop prioritized list of HCBS policies to be implemented.
5. Develop policy revision and ongoing review process.

These objectives are designed to meet the following short term goals:

1. Establish policy advisory council.
2. Perform a SWOT analysis as part of HCBS environmental scan.
3. Review and catalog current HCBS policies.
4. Determine policy needs based on HCBS policy gap assessment.
5. Gather stakeholder feedback concerning current gaps in HCBS policies.
6. Determine policy priorities and provide priorities strategic work plan.
7. Develop long term process for ongoing policy revision and review.

When achieved KDADS believes the following long term goals will be achievable:

1. Develop and maintain a strategic plan to guide HCBS policy development and implementation.
2. Maintain the HCBS policy advisory council to convene to provide council on HCBS policy implementation.

New policies or updates to existing Kansas policies that impact HCBS will incorporate language to comply with the Final Rule. Changes in policies require a posting and a public comment period as well as being processed through the State Medicaid Policy review. Contracts affecting HCBS were reviewed and when renewed will incorporate language to comply with the Rule no later than March 2022. This includes contracts with Managed Care Organizations, Community Mental Health Centers, Community Developmental Disability Organizations (CDDOs), Aging and Disability Resource Centers (ADRC), Financial Management Services (FMS), and CDDO affiliation agreements Language will be added for Care Coordinators from the Managed Care Organizations to report to the State any non-compliance issues related to the Rule.

An additional policy area KDADS has reviewed pertains to providers' enrollment and annual qualification verification. As part of this process, KDADS and KDHE are establishing Kansas Medical Assistance Program provider enrollment requirements. As this process is more defined, KDADS will ensure the HCBS waivers are updated with the finalized policy language. As part of this process, HCBS providers (as well as all KanCare providers) will receive training regarding KMAP changes. At the conclusion of this project, the MCOs will be required to contract only with providers enrolled and verified with KMAP. This will help to mitigate issues with both provider qualifications and final settings rule requirements.

Systemic Assessment Remediation Timeline

Transition Activity	Implementation Steps	State Resources	Stakeholders	*Projected Start	*Projected Completion	Status
Assessment: Review existing policies, regulations, statutes, manuals, etc. for compliance with the requirements of the Final Rule	1. Review existing policy, regulation, statute, and manuals, identify areas of compliance and noncompliance.	KDHE, KDADS	HCBS providers and participants, MCOS, KDHE	2014	Complete 3/31/2019	Complete

	2. Identify necessary changes and process required to make needed changes.	KDHE, KDADS	HCBS providers and participants, MCOS, KDHE	2014	Complete	Complete
State Remediation: Complete changes to policies, regulations, statutes, manuals, etc. as identified in systemic assessment (see regulatory crosswalk, STP Appendix A)	1. Revise policies and manuals as applicable. These documents cannot deviate from Final Rule.	KDADS	HCBS providers and participants, MCOS, KDHE	2/1/2017	6/30/2021	In progress. The project will complete when the last waiver revision is approved by CMS.
	2. KDHE/KDADS to meet twice monthly to review State progress toward compliance.	KDHE, KDADS	KDADS, KDHE	1/10/2017	Ongoing	On-going. This occurs at the weekly Medicaid Policy Meeting and weekly policy approval meeting

State Remediation: Complete changes in K.S.A. and K.A.R.s	1. Develop a draft piece of revised regulatory language and send it through the required process. This could take up to two legislative cycles.	KDADS	KDADS, Adult care homes, Assisted Living Facilities, Home Plus Facilities, IDD Specific Facilities, Sheltered Employment Facilities; adult care home, Assisted Living facilities, Home Plus, IDD Specific, and Sheltered Employment Facilities participants.	2/1/2017	5/31/2020 (dependent upon when regulation is signed by the Governor)	In progress
Stakeholder notification, engagement, and education around changes	1. Provide ongoing notification and education to stakeholders throughout the process as changes are made/proposed	KDADS	HCBS providers and participants, MCOS, KDHE	Ongoing		Ongoing
Provider Remediation: HCBS Providers revise and update policies and procedures as needed to meet Final Rule requirements.	1. Provide ongoing notification and education to stakeholders throughout the process as changes are made/proposed	KDADS	KDADS, MCOs, HCBS providers	1/1/2018	3/17/2022	In progress

*Projected start and completion dates are best estimates and subject to change. Please check the KDADS website for up to date project status information.

Settings Assessment

Provider Surveys

Reference materials- Appendix B.1 & B.2

Process

An attestation survey, in which providers were requested to indicate their compliance with required elements of the Final Rule, was designed by KDADS and administered to providers by WSU CARE in 2015. The same survey was re-administered in 2016 to gather information from providers that had not previously responded. The results of these two administrations were combined and provided to KDADS to help guide their on-site assessments. A total of 507 providers responded.

The provider attestation survey was designed to allow providers to indicate whether they fully comply, partially comply, or do not comply with each Final Rule standard. They were also able to select “not applicable.” The survey can be found in Appendix B.1 & B.2.

The following protocol was applied in determining whether a setting should be counted as compliant:

The provider must have attested to being fully compliant with all requirements included in the survey.

- Settings were counted as non-compliant if “do not comply” or “partially comply” was selected as an answer to one or more of the attestation questions.
- Settings were counted as non-compliant if not all of the attestation questions were answered.
- An answer of “not applicable” to any attestation question was disregarded when applying the previous protocols. Therefore, answering “not applicable” would not automatically cause a setting to be counted as non-compliant.

Findings

Out of 723 settings, 132 (18%) attested to being fully compliant to every Final Rule standard that was applicable, while 591 (82%) were either not compliant or partially compliant to one or more applicable standards. Seventy (70) of 529 residential settings were compliant (13%) while sixty-two (62) out of 194 non-residential settings were compliant (32%). Fifty-one (51) out of 723 (7%) requested heightened scrutiny. Only one of the providers requesting heightened scrutiny attested to being fully compliant. KDADS scheduled onsite assessments for providers requesting heightened security.

Reasons for Non-Compliance

There were a variety of reasons setting indicated they were non-compliant with Final Rule requirements. The most common reasons fell within three broad categories. These included:

- Non-compliance with general HCBS characteristics
- Isolating characteristics
- Characteristics of an institutional setting

Non-compliance with general HCBS characteristics.

The most frequent non-compliance issues fell into the following areas:

- The residential unit or location must be a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services.
 - The individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.
 - If landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement for each HCBS participant that provides protections that address eviction processes and appeals comparable to those provided under the landlord tenant law.
- Each individual has privacy in their sleeping or living unit:
 - Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.
 - Individuals sharing units have a choice of roommates in that setting.
 - Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
- Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
- Individuals are able to have visitors of their choosing at any time.
- The setting is physically accessible to the individual.

Isolating Characteristics

The most frequent non-compliance issues fell into the following areas

- Setting is designed to provide individuals with disabilities with multiple types of services and activities on-site, including housing, day services, medical, behavioral/therapeutic services, or social and recreational activities.
- People have limited, if any, interaction with the broader community.
- Settings that use/authorize interventions/restrictions used in institutional settings or are deemed unacceptable in Medicaid Institutional

settings (e.g. restraints and seclusion).

Characteristics of institutional settings

The most frequent non-compliance issues fell into the following areas

- Any setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment.
- Any setting located in a building on the grounds of, or immediately adjacent to a public institution.
- Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

Onsite Assessment Process

Reference materials- Appendix B.3 – B.6

Process

An onsite assessment tool was developed in August 2015 by a workgroup of state staff, MCOs, and stakeholders including: parents, family members, Adult Care Homes, IDD provider groups, Assisted Living facilities, Community Mental Health Centers, and Autism service providers. Settings that are compliant based on state licensing regulations are presumed by the state to be in compliance with the rule based on the state licensing regulations. These settings will be validated for compliance with a statistically valid sample size for an onsite visit.

Onsite assessments were completed by teams formed by KDADS, consisting of one state staff paired with volunteers. The state invited providers, provider organizations, Medicaid participants, advocates, the state ADA coordinator and Managed Care Organizations (MCOs), to coordinate efforts to conduct onsite assessments. On July 7, 2016, KDADS with Wichita State University provided training for onsite assessments. Attendees learned how to use the onsite review tool, received guidance on conducting assessments, and reviewed consumer rights and freedoms, waiver service descriptions, HCBS acronyms, rules and regulations for HIPAA and confidentiality before signing a volunteer agreement and conflict of interest form.

Using the onsite assessment tool that was developed, the State conducted onsite assessments of a randomly chosen, sample of settings that attested to being fully compliant with the Rule requirements in order to validate data provided. A sample of providers that did not complete the attestation survey will also be randomly selected for onsite assessment as part of the full transition plan toward compliance. The list of providers not responding to the attestation survey who were selected for onsite assessment was developed by comparing a list of all HCBS providers to the list of providers that completed the attestation survey. Providers stating their setting is not in compliance or were in partial compliance will be contacted by the state to determine next steps.

The state did not conduct onsite assessments for providers noting partial compliance or non-compliance as a part of this assessment process. The state will meet with the providers who have settings that are not in compliance or are partially compliance to offer technical assistance via learning collaborative. Providers will be required to submit their transition plan to the state with their timelines to come into compliance. Onsite assessments began the week of July 25, 2016 for providers who attested to being fully compliant with the Rule and were completed in December of 2016. Reviews consist of observation, record review and interviews with individuals and staff at the setting using the standard tool developed by workgroups. All settings requesting heightened scrutiny received an on-site assessment. Those other settings requiring heightened scrutiny will be identified and have onsite assessments completed in 2020.

A review of literature from other states found the level of relative compliance in Kansas similar to that of Hawaii, Kentucky, Tennessee, and Ohio.

The State of Kansas has decided to move forward with a new assessment, modeled after the Montana tool, to conduct on-site assessments. There will be a 100% review of HCBS settings. The 2015 and 2016 assessments only represent a portion of the HCBS providers. In the time that has passed, the state does not believe the assessments previously used will be useful in determining HCBS Final rule compliance.

Please see the Final Rule Work Timeline below to meet compliance by March 17, 2022.

Additional Settings Assessment Measures

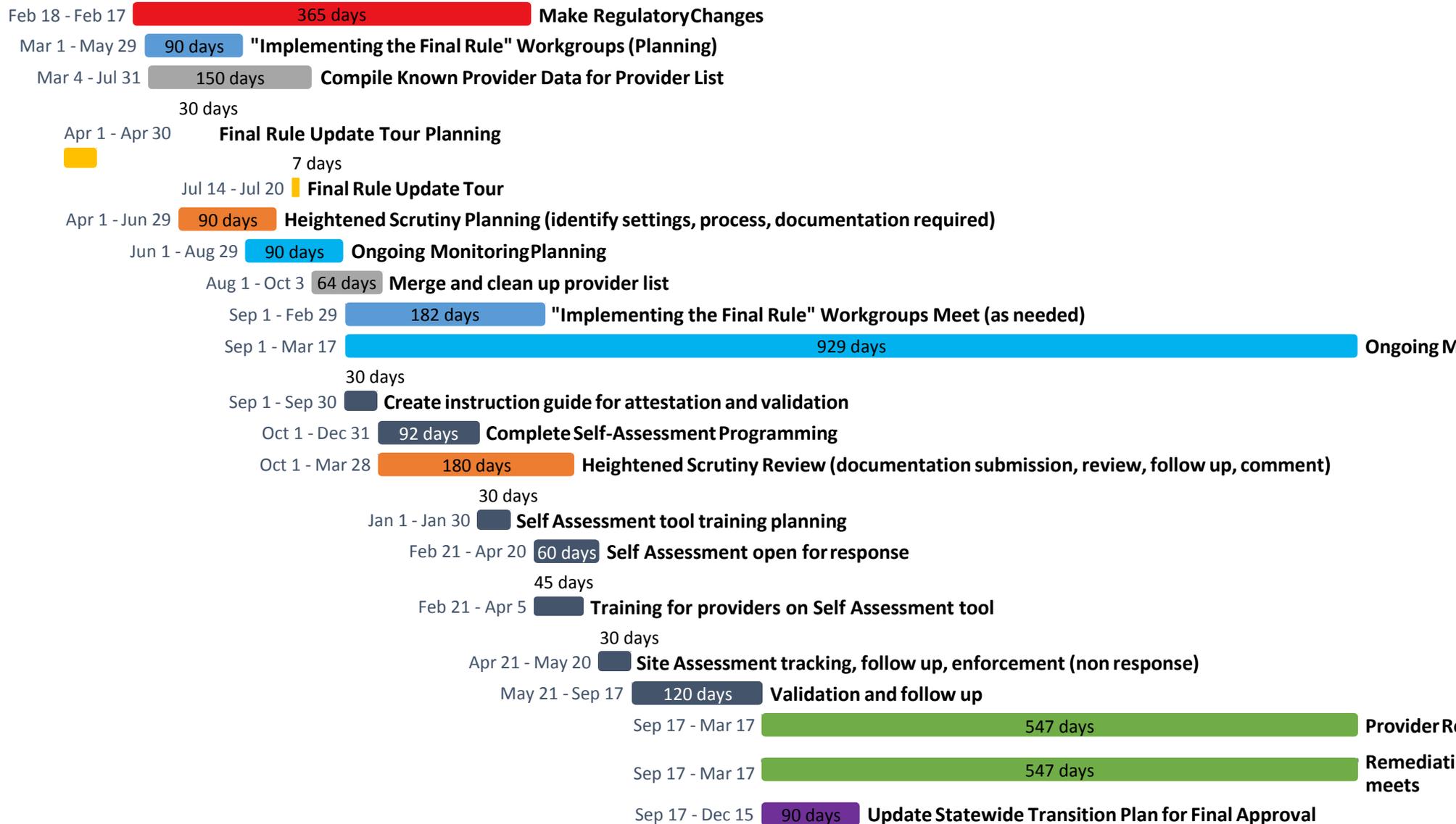
Reference materials- Appendix B.7

A consumer survey was posted online and mailed to 3000 individuals receiving HCB services in Kansas on July 25, 2016. The survey asked individuals about their experience in their HCBS setting. The consumer survey responses will be tied to the setting to determine the individual's experience in the setting. Three-hundred thirty-six (336) HCBS consumers completed the survey regarding whether their experiences were consistent with HCBS Final Rule requirements and satisfaction with HCB services.

In general, consumers indicated that their experiences were largely consistent with Final Rule requirements (e.g., choice and satisfaction). Across all questions related to Final Rule requirements, over three quarters (78.3%) of consumers perceived their experiences with HCBS services as consistent with the Final Rule. The question that had the largest "yes" response was related to having a care plan (93.3%, $n=277$). The requirement for which the fewest consumers responded "yes" was receiving day services in the same place (57.0%, $n=151$).

For questions related to satisfaction with HCB services, over 82% of consumers ($n=260$) agreed or strongly agreed that they were satisfied. The highest percentage of consumers agreed that HCBS services are respectful of their culture and heritage (89.2%, $n=281$) while the lowest percentage agreed they were able to seek employment and job opportunities (31.4%, $n=90$).

Final Rule Work Timeline



Remediation Process

Reference materials- Appendix C

Providers choosing to remediate

Meetings will be held with each of the provider setting types to assist providers in developing their transition plans to come into compliance with the Rule. Providers making changes for remediation will be invited to participate in a learning collaborative that allows peer-to-peer learning, including sharing information and ideas and receiving information or training that may be beneficial as they consider ways to meet the requirements of the Rule. The state will offer technical assistance to providers during their transition plan process. Additional meetings and individualized assistance will be provided as needed. Provider settings that are not yet compliant with the Rule will submit their transition plan to the State by January of 2021. All transition plans will illustrate how the provider will come into full compliance with the Rule prior to March of 2022, including specific milestones and timelines. The state will require quarterly reports from the provider and will make onsite visits to ensure the provider is meeting the milestones noted in their plan and to evaluate the providers' progress with their transition plan.

Learning Collaborative

Preliminary analysis of provider attestation surveys and as validated by an initial round of on-site visits helped identify the probable formation of four (4) distinct yet affiliated learning collaborative peer-to-peer groups. Facilitated by Wichita State University along with KDADS staff, the intended focus will be: (1) Remediation; (2) Person-Centered Planning Process and Conflict-Free Assessment; (3) Employment; and, (4) Landlord/Tenant Laws. Another separate yet affiliated policy advisory group will engage stakeholders, HCBS provider networks, and KDADS in dialogue surrounding policy and regulatory changes needed to achieve full compliance in Kansas.

Providers unable to comply or choosing not to remediate:

Providers that believe their setting cannot comply or the provider who chooses not to come into compliance shall be required to submit a termination notice to KDADS and the MCOs no later than October 1, 2021 to ensure an appropriate transition of all affected participants prior to the March 2022 compliance date. Such providers shall work collaboratively with MCOs and KDADS to ensure transition of waiver participants at the earliest date possible after the provider has notified the MCO and KDADS of its decision to terminate participation as a waiver provider.

Such providers shall ensure that an individual or guardian receives a minimum of 180 days' notice of its decision to terminate participation as a Waiver provider. Such notice shall be issued through certified mail and inform the individual or guardian of the costs for services for which individual or guardian will be responsible should the individual or guardian choose to continue services from the current provider or to facilitate, with adequate time to convene a care planning team, make an informed choice and select an alternate provider compliant with the Rule. The

plan must provide the individual a minimum of thirty (30) days' notice to make the change.

Transition plans will incorporate feedback from Targeted Case Managers (where applicable), Community Developmental Disability Organizations (CDDOs), the KanCare Ombudsman, the MCO Care Coordinator and State Licensing and or Quality Review staff but must reflect the preferences and needs of each participant affected. Choice of all setting types in compliance with the Rule must be offered to individuals and as required for the waiver type. If the participant or guardian is willing to be relocated, such choice shall also include complaint setting types in other parts of the state. The choice of settings provided to the individual must be documented and designate the individual's choice of setting in the person-centered service plan.

Attempts for compliance shall be fully exhausted first. Then, if the individual chooses to stay in a non-compliant setting, the MCO will issue a NOA advising the member or guardian/representative that services provided by the non-compliant provider will not be authorized after March, 2022, and will terminate any applicable authorizations with date ranges that exceed March 17, 2022. If the only waiver services that a participant are receiving are being rendered by the noncompliant provider, the State staff, TCM (as applicable) and MCO Care Coordination staff will advise the participant of the potential impact to ongoing eligibility for the waiver. The noncompliant provider must issue and obtain a fully executed informed consent from the participant or guardian within 90 days of the March 2022 compliance deadline restating that the provider is no longer eligible to provide the applicable services, that member has the ability to select a compliant provider at any time by calling the MCO, Ombudsman or other State staff, delineating the detailed the costs per service and costs per month applicable to the individual for ongoing services that the member or guardian will be responsible for paying after the March 2022 deadline, and other information as directed by the State.

A person-centered service plan must be in place when the individual transitions to the new setting. Both the current provider, the new provider, the TCM (if applicable), and the Care Coordinator will work together to assure the person-centered service plan is in place prior to the transition. The MCO will provide written transition plans for each affected participant to the State and provide updates on each participant's transition until the transition is completed. Care coordinators will follow up with all affected HCBS waiver recipients within 60 days of the transition to assure the individual is satisfied and has adjusted to the change in setting. State quality and licensing staff will also follow up during transition of the individual.

Remediation Process Timeline

Transition Activity	Implementation Steps	State Resources	Stakeholders	*Projected Start	*Projected Completion	Status
KDADS Develop remediation template for provider use in preparing corrective action plans.	1. Review templates from other states	KDADS	HCBS Providers	6/1/2017	4/1/2019	In development
	2. Obtain stakeholder feedback	KDADS	HCBS Providers	8/1/2017	7/1/2018	In development
	3. Review internally	KDADS	KDHE	9/1/2017	9/1/2019	In development
KDADS develop policy around corrective action planning to assure ongoing compliance with Final Rule.	1. Pull together all resources to devise policy specific to waivers.	KDADS	HCBS Providers, MCO, CDDO, ADRC, CMHC, CRD	10/1/2017	1/1/2019	In development
Providers plan and make needed changes for compliance with the final rule	1. Providers provide KDADS their plan to come into compliance with the Final Rule, including timelines.	KDADS	HCBS Providers, MCO	1/1/2018	7/1/2019	In development
	2. KDADS provide resources and technical assistance to providers to assist in the remediation process.	KDADS	HCBS Providers, MCO	2/1/2018	10/1/2021	In development

	3. Provider and KDADS monitor progress and milestones towards compliance.	KDADS	HCBS Providers, MCO	2/1/2018	10/1/2021	In development
Providers not remediating:	1. Provider notifies KDADS and others that they won't or are unable to comply	KDADS	HCBS Providers, CDDO, MCO	2/1/2018	10/1/2021	In development
	2. Provider develops a plan to help those in service to transition to other settings		HCBS Providers, ADRC, CMHC, CDDO, MCO	2/1/2018	10/1/2021	In development
	3. Participants are given at least 30 days' notice that they will need to transition to a new provider/setting.	KDADS	HCBS Providers, CDDO, MCO	2/1/2018	10/1/2021	In development
	4. MCO and KDADS assure that a Person-Centered Service Plan is complete and up to date prior to transition.	KDADS	HCBS Providers, MCO	2/1/2018	10/1/2021	In development

	5. KDADS monitors participant satisfaction after transition	KDADS	HCBS Providers	1/1/2019	3/1/2022	In development
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*Projected start and completion dates are best estimates and subject to change. Please check the KDADS website for up to date project status information.

Heightened Scrutiny Process

CMS has identified certain characteristics of settings that they presume are not compliant with the Rule. These settings are required to go through the heightened scrutiny process in order to overcome the presumed non-compliance with the Rule. For additional information on heightened scrutiny requirements please review the CMS document dated June 26, 2015 regarding [heightened scrutiny FAQs](#). Characteristics of settings that require Heightened Scrutiny include:

- Settings located in a building that is a publicly or privately operated facility that provides inpatient institutional treatment;
- Settings on the ground of, or immediately adjacent to, a public institution; or
- Settings that have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS;
 - Settings that are part of a group of multiple settings, co-located and operationally related such that the co-location and/or cluster serves to isolate and/or inhibit interaction with the broader community;
 - Settings with design, appearance and/or location that appears to be institutional and/or isolating;
 - Settings designed to provide people with disabilities multiple types of services and activities on the same site and individuals with disabilities have little to no interaction/experiences outside of the setting, resulting in limited autonomy and/or regimented services;
 - Settings where individuals in the setting have limited if any interaction with the broader community;
 - Settings that appear to be more isolating than other settings in the same vicinity/neighborhood:
 - The setting is a gated community;
 - The setting has fencing, gates, or other structural items setting it apart from homes/settings in the vicinity;
 - The setting is labeled by signage as a setting for people with disabilities, thus not blending with the broader neighborhood/community;
 - The setting is close to a potentially undesirable location (e.g., dump, factory, across the street from a prison or other institutional setting, etc.) that is isolating and/or inhibits individuals from interacting with the broader community.

Providers with settings presumed not compliant with the HCBS rule will be required to submit documentation to the state outlining how their settings do not have the qualities of an institution and do have the qualities of HCB (Home Community Based) settings. These providers will be notified of the need for an onsite assessment. The onsite setting assessment will be conducted for all settings requiring Heightened Scrutiny. Providers will be notified of the findings of the onsite assessment for Heightened Scrutiny. The state will work with providers on necessary documentation demonstrating that the setting is not institutional but is HCB. Following an onsite assessment and review of the documentation, the State will determine if there is sufficient evidence to request a determination from CMS to validate whether the setting is HCB and presumed compliant.

Settings in Kansas that may require Heightened Scrutiny to be deemed compliant with the Rule could include: Assisted Living Facilities, Residential Health Care, Home Plus, Special Care Units, Sheltered Workshops, Day Programs and Adult Care Homes attached to a Nursing Facility.

Monitoring Processes

Monitoring During Transition

As providers develop their plans for transitioning into compliance, State staff will meet with them and provide technical assistance. The provider will make their transition plan available to the State with milestone dates.

During the provider transition period, the state requires quarterly reports on progress toward compliance and updates to transition timelines from those not fully compliant. KDADS and the MCOS will effect terminations for those providers that issue notice of termination due to an inability to comply or a desire not to comply with the Rule.

State Quality and Licensing staff will conduct onsite reviews to monitor progress during transition and the state will continue to meet with providers to provide technical assistance as requested by the provider. For providers not meeting timelines, CMS staff will be notified. Trainings will be conducted by the state on the Rule and compliance with the Rule throughout the transition process. For those providers that initiate a remediation/transition plan or determine themselves to be fully compliant, and for which KDADS determines by September 2021, based upon the then current status of compliance, that full compliance with the Rule cannot be achieved by March 2022, KDADS will issue termination notices to such providers and will copy the MCO and other applicable agencies so that terminations can be affected across the system of care.

Ongoing Monitoring

Ongoing Monitoring Process

The state will continue ongoing monitoring of all HCBS providers already fully in compliance and for providers following successful remediation using a multi-tiered approach.

- Before providers can be reimbursed for HCBS services, Managed Care Organizations will review compliance with the Rule when they credential providers.
- Licensing staff for Adult Care Homes and IDD providers will review requirements of the Rule when licensing providers to assure they remain in compliance with the Rule.
 - The IDD licensing staff conducts random onsite visits and targeted visits when there are complaints to assure compliance with the regulations, waiver and the Rule.
 - Adult Care Home surveyor completes onsite visits annually and when there is a complaint to determine compliance with State Statutes, Administrative Regulations, and the Rule.
- Quality Management Specialists currently review a random sample of HCBS waiver providers and individuals receiving services on a quarterly basis. A random statistically valid sample (95/5) of HCBS individuals are selected for review. Reviews consist of onsite consumer interviews and record reviews to determine compliance with waiver and Rule requirements. State quality staff and HCBS program managers meet quarterly to review findings from the quality reviews. Program staff complete remediation if required and review the information to not only provide training if required but also make policy or program changes. Case Managers and MCO Care Coordinators also make onsite visits and will report any concerns to the state.
- Establish a process via the Kansas Medical Assistance Program (KMAP) provider enrollment system for providers to attest and demonstrate compliance with Final Rule requirements upon KMAP enrollment.

KDADS will publish a final list and maintain a list ongoing of approved and fully compliant providers by waiver for use by the MCOs in credentialing/re-credentialing activities. Providers that have voluntarily terminated participation in any waiver program or have been terminated by KDADS for a failure to comply with the Rule will be ineligible to receive payment for applicable services rendered to a waiver participant prior to or upon the March 2022 compliance date of the Rule. Providers not reflected on the final list published and maintained by KDADS will be ineligible to be re-credentialed by the MCOS and ineligible to receive payment for applicable services rendered to HCBS waiver participants after the full compliance date of the Rule.

Current state regulations address most areas of the Rule as evidenced by the systemic assessment completed by KDADS. Changes in regulation will be incorporated into new regulations during 2019 and 2020 through the state regulatory process. Onsite visits to licensed providers may result in findings of non-compliance, which would require a corrective action plan. Adult Care Homes receive a statement of deficiencies and

required correction for compliance. A deficiency related to health and safety could result in a monetary fine and/or license revocation. During onsite visits, Licensing IDD staff provides a notice of findings and request a corrective action plan. Uncorrected findings can lead to a monetary fine and up to revocation. Any deficiency or finding is followed-up with an onsite visit to validate compliance.

Ongoing Monitoring Timeline

Activity	Implementation Steps	State Resources	Stakeholders	*Projected Start	*Projected Completion	Status
State staff monitor settings as part of ongoing quality assurance and licensing	1. Training for state staff	KDADS	MCOs	3/1/2022	Ongoing	In development
	2. Update any tools as needed	KDADS Learning Collaborative	HCBS Providers MCOs	1/1/2018	3/1/2022	In development
	3. Education to stakeholders about any changes being made	KDADS Learning Collaborative Public Forums	HCBS Providers Self-advocates KDHE	9/1/2021	3/1/2022	In development
Managed Care Organizations will review compliance with the Rule when they credential providers	1. Verify this requirement is clear to the MCOs. Assess need for specific	KDADS	MCO	1/1/2019	3/1/2022	In development
	2. Training for MCOs and their staff responsible for ongoing monitoring	KDADS	MCOs	1/1/2019	Ongoing	In development
	3. Monitoring of settings	KDADS MCOs	KDADS MCOs	1/1/2019	Ongoing	In development
	4. Report findings back to State	KDADS MCOs KDHE	KDADS MCOs KDHE	1/1/2019	Ongoing	In development

*Projected start and completion dates are best estimates and subject to change. Please check the KDADS website for up to date project status information.

Public Engagement

Reference materials- Appendix D

Public engagement¹⁰ began in June 2014 and is ongoing through the transition to compliance with the Rule.

Opportunities for public engagement in 2014:

Online Provider Self-Assessment Survey	May 20 th	June 15 th
Public Information Sessions	February	
	July	
	November	
HCB Setting Transition Plan Public Comment Period	June 12	July 12

Opportunities for public engagement in 2015:

February	<ul style="list-style-type: none"> • Lunch and Learn IDD Provider Calls • Lunch and Learn IDD Consumer Calls • HCBS Provider Forum 	Mon/Fri - 11-12 pm Wed - 12 to 1 pm 3rd Tuesday of month
March	<ul style="list-style-type: none"> • Lunch and Learn IDD Provider Calls • Lunch and Learn IDD Consumer Calls • HCBS Provider Forum 	Mon/Fri - 11-12 pm Wed - 12 to 1 pm 3rd Tuesday of month
April	<ul style="list-style-type: none"> • Lunch and Learn IDD Provider Calls • Lunch and Learn IDD Consumer Calls • HCBS Provider Forum • Regional Public HCBS Information Sessions (450+ attendees) • LTC Round Table Forum (200 + attendees) 	Mon/Fri - 11-12 pm Wed - 12 to 1 pm 3rd Tuesday of month April 23rd April 24 – 30th
May	<ul style="list-style-type: none"> • Lunch and Learn HCBS Provider Calls • Lunch and Learn HCBS Consumer Calls (every other week) • HCBS Provider Forum • Public Notice of HCB Setting Transition Plans 	Mon - 11-12 pm Wed - 12 to 1 pm 3rd Tuesday of month May 1, 2014

June	<ul style="list-style-type: none"> • Lunch and Learn HCBS Provider Calls • Lunch and Learn HCBS Consumer Calls (every other week) • HCBS Provider Forum • Rule Information posted online – PowerPoint/Audio • Public Comment Public Comment sessions (dates on www.kdads.ks.gov) 	Mon - 11-12 pm Wed - 12 to 1 pm 3rd Tuesday of month June 5th June 16 - 19th
July	<ul style="list-style-type: none"> • Lunch and Learn HCBS Provider Calls • Lunch and Learn HCBS Consumer Calls (every other week) • HCBS Provider Forum • Summary of Public Comments posted online • Transition Plan submitted to CMS for review and approval 	Mon - 11-12 pm Wed - 12 to 1 pm 3rd Tuesday of month July 15th July 31st

These comments are part of the original plan. The state’s change in approach to the State Transition Plan includes new public announcements and public feedback that is also included.

Opportunities for public engagement in 2016:

Targeted meetings with Waiver representatives:

As part of the State’s plan to enhance stakeholder engagement, representatives from two waivers anticipated to be most impacted from the Rule were invited to participate in targeted meetings to hear their specific concerns. These meetings took place on June 10th, 2016.

Representatives from 28 Adult Care Homes and 39 CDDOs attended their respective meetings.

June 10, 2016, HCBS Settings Final Rule and Adult Care Homes session was held in Topeka from 1:00 p.m. – 3:00.

June 10, 2016, HCBS Settings Final Rule CDDO session was held in Topeka from 10:00 a.m. – 12:00 p.m.

In-Person Opportunities for Information & Feedback:

Statewide public comment meetings were held June 14-17, 2016 in four locations across the State (Hays, Topeka, Overland Park, and Wichita) with two sessions at each location: 1:00 p.m. – 3:00 p.m. and 5:30 p.m. – 7:30 p.m.

A total of 268 people attended these public comment meetings; 26 in Hays, 75 in Topeka, 99 in Overland Park, and 68 in Wichita. Time was allowed for attendees to ask clarifying questions about the Rule and give comments and feedback to the State. In addition to being able to provide verbal comments to the State and other attendees, feedback forms were provided to allow written comments as well. The state received 135 individual comments and 41 completed evaluation forms. Attendees liked that the Rule will provide more integration of waiver participants and hope that this will be the actual outcome of changes. Concerns centered on implementation costs, the adequacy (or inadequacy) of reimbursement rates to support meeting the requirements, and whether sheltered workshops or day services can comply with the requirements.

Another round of statewide meetings for public input on the transition plan will be scheduled following onsite assessments.

Updates at InterHab (Association of Developmental Disability Service providers) on the Final Rule June 9, 2016, and August 17, 2016

A presentation was made by the KanCare Ombudsman on July 12, 2016 to the Friends and Family Committee.

Remote/Phone Opportunities for Information & Feedback:

Lunch and Learn Calls by the KanCare Ombudsman office were held on June 1, 2016 and July 13, 2016 addressing the Final Settings Rule.

Informational Calls: KDADS is hosting twice monthly calls for stakeholders to stay updated on the State's planning for the HCBS Final Settings Rule implementation. Calls are held on the first and third Wednesday of each month at 12:00 p.m. and 5:30 p.m. beginning on July 20, 2016 and will continue through the completion of the transition plan. Questions and answers from each call will be posted on the [HCBS Settings Final Rule](#) page of the KDADS website.

Statewide Transition Plan Workgroup:

A stakeholder workgroup of 60 individuals from all provider setting types was formed to assist the state in the Statewide Transition Plan. The group is made up of Self Advocates, Kansas Advocates for Better Care, the Disability Rights Center, Kansas Council for Developmental Disabilities (KCDD), the state ADA coordinator, Independent Living Centers, Assisted Living, Home Plus providers, Individuals receiving services, families of individuals receiving services, participants from the Friends and Family group, Self-Advocate Coalition of Kansas, Ombudsman representatives and representation from all waiver populations. They met August 5, August 23, August 31 and September 15, 2016 in Topeka to

provide recommendations regarding the transition plans based on their knowledge and experience in providing HCBS services.

Four subgroups addressing sheltered workshops, person centered service planning, day programs, and Adult Care Homes with special care units worked on these topics of concern. Each group developed a plan and recommendations to assist the State with the Statewide Transition Plan for the Rule.

Appendix D contains a summary of the recommendations of the workgroup and initial state response, the full report of the Statewide Transition Plan Workgroup recommendations is available on the [HCBS Settings Final Rule](#) page. In December of 2016, the workgroup reconvened to provide suggested next steps for implementation of some of the workgroup recommendations:

Dementia Workgroup Transition Steps Timeline

Transition Steps – Dementia						
Transition Activity With Workgroup Recommendation Reference #	Implementation Steps	State Resources	Stakeholders	*Projected Start	*Projected Completion	Status
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	1. Conversation with small groups of consumers, providers, MCO & State- how do we keep the HCBS System from collapsing? How do we innovate?	KDADS Program staff	HCBS Providers Self-Advocates Advocacy Organizations STP Workgroup	9/1/2018	10/1/2019	
	2. Cross sector workgroups to have a conversation about and plan for implementation.	KDADS Program staff	HCBS Providers Self-Advocates Advocacy Organizations STP Workgroup	9/1/2018	10/1/2019	

*Projected start and completion dates are best estimates and subject to change. Please check the KDADS website for up to date project status information.

Day Services and Non-Integrated Employment Service Settings Workgroup Transition Steps Timeline

Transition Steps – Day Services and (3) Non-Integrated Employment Service Settings					
Transition Activity With Workgroup Recommendation Reference #	Implementation Steps	State Resources	Stakeholders	*Projected Start	*Projected Completion
<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>2.3. Individualized Community Integrated Day Services: Recipients have individualized schedules and spend the majority of their day services in the community.</p> <p>2.4 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>2.5 Individualized Day Service Plan Due to Individualized Needs or Circumstance: Alternative or individually created Day service based on individualized, ongoing need due to health/behavioral need or operation of a home-based business.</p> <p>3.4 Service definitions proposed by this subgroup need to be consistent with other programs, rules and definitions used by the state. Terms need to mean the same thing.</p> <p>3.10 State should adopt the supported employment Waiver Integration Stakeholder</p>	<p>1. Study and initiate Benefits Counseling to make this a waiver service (As part of the workgroup listed below).</p>	<p>KDADS, KDHE</p>	<p>Advocates, HCBS providers</p>	<p>2/1/2018</p>	<p>10/1/2021</p>

Engagement (WISE) 2.0 workgroup recommendations for a new supported employment HCBS program.	2. KDADS requests NASDDDS TA grant to assist with transition. (Kansas request being one of 15 states with transition assistance from NASDDDS in January 2017.)	KDADS	Advocates, HCBS providers	5/1/2017	9/2017
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(3.10 continued)	<p>3. KDADS will identify and constitute a special workgroup of listed state resources and stakeholders to:</p> <ol style="list-style-type: none"> 1. Conduct environmental scan of service delivery system including input from persons served, parents and guardians, and service providers 2. Identify recommended service categories (see original STP Workgroup Document) and rate structure. 3. KDHE finance studies fiscal impact 4. Consider needed policy and regulation changes to support transition activity. 5. Produce plan for review by stakeholders and impact of planned changes on KDHE, 	<p>NASDDDS provides technical assistance to guide the process. Medicaid KDHE with financial expertise about current system. Working Healthy Representative. KDADS Commissions. Vocational Rehab.</p>	<p>Steven Hall of Griffin-Hammis (KCDD consultant). MCOs. KU LEADS Center. Federal Dept. of Labor Contractor. Employment Systems Change Coalition. KCDD. Services for dual diagnosis (IDD and BH).</p>	<p>9/1/2018</p>	<p>10/1/2021</p>
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(3.10 continued)	KDADS, VR, and DCF. Finalize recommended State Plan Amendments (SPA) and/or waiver creation.				
	4. Communication strategies with persons served and providers to include: Preliminary education that system change is coming through public meetings, use existing biweekly phone conferences with KDADS and provider training (beginning with case managers). Build system of communication that can provide updated information.	KDADS and special workgroup representatives.	Self-Advocate Coalition of Kansas. Families Together. CDDOs. Populations from all waivers. MCOs.	9/1/2018	10/1/2021

<p>2.8. Create a rate structure reflective of a business model that is maintainable for providers and supports the outcomes the state wants.</p>	<p>Subgroup of special workgroup above to explore: Incentives and disincentives to reaching desired outcomes based on pay structure and possibility of “base rate structure” with point value for desired outcomes. Tie health management into the incentives. Create metric to automatically force an increase when outcomes are achieved. Must create a way for providers to report outcomes. Look at other states at how they have incentivized preferred outcomes. Include how to support (incentivize) long-term employment outcomes (not discontinuing payment once a person has obtained a specific level of employment (need for services change over time). Include key players from the employment community (HR, etc.) to address barriers and challenges to gaining and sustaining employment. Create ways for other state entities to support these</p>	<p>Special workgroup subgroup.</p>	<p>Special workgroup subgroup.</p>	<p>9/1/2018</p>	<p>10/1/2021</p>
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(2.8 continued)

challenges to gaining and sustaining employment.
Create ways for other state entities to support these outcomes.

<p>2.9 Training should be available for providers, including direct care staff, about changes. Establish a training workgroup to:</p> <ul style="list-style-type: none"> A. Create a model of and plan for state provided training for providers around technical systemic changes which may include: implementation of federal and state policy changes, Waiver amendments, and changes to services, and B. Explore resources to support development of a similar training model around philosophical changes in service delivery, protection to inclusion, use of non-traditional services, community inclusion, and supported decision making, and other topics related to how services are provided 	<p>1. Development of training group and education about change in philosophy in 2017 before changes in waivers and policies take place.</p>	<p>KDADS. Appropriate ADA training coordinated by State ADA Coordinator.</p>	<p>Providers. Self-Advocates. Directcare staff as role models. Successful parents/guardians. Training providers such as College of Direct Support. MCOs</p>	<p>9/1/2018</p>	<p>10/1/2021</p>
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	<p>2. Create a training schedule with priority content. Target education in youth transitioning into services and shape what they are demanding for services.</p>				
	<p>3. This is an ongoing process and not cost neutral. Some training entity will be needed. State of Kansas of needs to re-engage CMS to look into how training can be provided through Medicaid Administrative Match or other funding source for innovation and training in order to meet these systems change demand.</p>				

2.14 Currently, when a provider is successful at achieving employment outcomes, they are penalized; this barrier should be removed.	1. Creation of a supports waiver to provide participants who have achieved employment the necessary level of service to live independently and maintain employment	KDADS	Self-advocates. Persons served/family members. Providers. MCOs.	9/1/2018	10/1/2021
	2. Develop a workgroup to explore creation of a performance based rate structure to allow providers some control and influence on the reimbursement rate they receive to alleviate this barrier.	KDADS	Providers. MCOs.	1/1/2019	10/1/2021
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 setting. Doing this will take time, money and immediate attention by Kansas.	1. KDADS work with recently formed CDDO Capacity Group to assess current capacity and needed (expanded) capacity. Develop common measures of capacity to meet new demands related anticipated changes	KDADS.	CDDO Capacity Group.	7/1/2018	10/1/2021

(3.9 Continued)	<p>2. KDADS work closely with VR, End Dependence, Work Force Development, Employment First Commission, Department of Commerce and others to access capacity of larger systems that support vocational outcomes for targeted populations. KDADS explore vocational services/supports that may need to be provided through nontraditional resources, training programs, or purchase of generic services to support vocational outcomes not provided by traditional service providers. Create incentives for targeted case management to be more creative in how vocational goals are supported.</p>	<p>KDADS. Vocational Rehab. Work Force Development. Employment First Commission. Department of Commerce.</p>	<p>Self-Advocates. MCOs. CDDOs</p>	<p>7/1/2018</p>	<p>3/2022</p>
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(3.9 Continued)	3. Related quality assurance measures for all services will need to be developed. Related policies will need to be changed.	KDADS	Self-Advocates. MCOs. CDDOs.	7/1/2018	3/2022
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<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>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 ensure that these principles are supported and change occurs (see Tennessee’s transition plan).</p> <p>3.14 Kansas public policy and procedure should focus on self-direction for disability services. This has been a cornerstone of</p>	<p>1. Article 63 focus on licensed services that changed at that time. What is not in Article 63 that needs to be included for example emergency based services, medication management. This is just one example. Should review all related waiver manual policies (e.g.: Nothing in current regulations instructs a provider to do the employment based supports).</p>	<p>KDADS State ADA Coordinator. Governor’s Subcabinet on Disability Policy Subgroup. Legislative Research. KDADS Legal Department; VR; Department of Commerce and Labor.</p>	<p>WSU CEI. Service Providers. Persons Served.</p>	<p>2/2017</p>	<p>3/2022</p>	
<p>2. Constitute a workgroup; review how other states have addressed policies.</p>						
<p>3. Review Governors Subcabinet report</p>						

<p>Kansas disability policy and has been contained in Kansas law since the late 1980's [K.S.A. 39-7,100]. 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.</p>	4. Collect and review existing policies.					
	5. Draft policy changes with stakeholder input					
	6. Publish in draft form for review by workgroup and public comment.					
	7. Proceed with KDADS regulatory process.					
	8. Proposed priority policies (broad strokes) ready to educate community and providers by Dec 2018.					
	9. 1115 Renewal and renewal of 1915(c) waivers.	KDADS		11/2018	2/1/2021	

<p>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.)</p>	<p>1. This recommendation is currently under review by KDADS and via the 1115 Renewal.</p>	<p>KDADS KDHE</p>		<p>12/2019</p>	<p>Ongoing</p>	
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*Projected start and completion dates are best estimates and subject to change. Please check the KDADS website for up to date project status information.

Public Notices:

The current Statewide Transition Plan is available on the [KDADS Website](#).

References/Resources

1. [Adult Care Home Regulations](#)
2. [IDD Regulations](#)
3. [KDADS HCBS Policies](#)
4. [KDADS Final Rule Webpage](#)
5. [CMS Final Rule Guidance](#)
6. [KanCare Managed Care Services Contracts](#)
7. [DCF Prevention and Protection Services Manual](#)
8. [HCBS Waiver Provider Manuals](#)