

Assistive Technology IDD Workgroup

9 AM – 11 AM
7/14/2023

Meeting Attendance

Organization	Representatives
WSU	Cy Rogers, Zane May
KDADS	LaTonia Wright
InterHab	Nick Wood
KCDD	Craig Knutson
Aetna	Karly Stowe
SACK	Phillip McGruder

Welcome/Introduction

Agreements Suggested:

- Make sure the group is clear about path(s) forward

Workgroup Background

Notes from meetings will be sent out after the first round of meetings. Once the first round of meetings has been completed the notes will go out and will be posted on the website. Participants will be able to provide comments on these notes and other groups work. These comments will be folded into the next notes.

Expect opportunities to provide feedback in December as well.

Purpose & Resources

There's been public comment on assistive services before. InterHab submitted feedback in August 2022. I don't think the purpose is just for providing cameras for remote monitoring. Assistive technology is more than monitoring and people may get caught up on that. Other states have done work on privacy already.

Assistive technology can be low tech or high tech and it's more than cameras, and I expected this workgroup to look broader than cameras. CMS Final Rule visits have highlighted concerns with cameras and their use. I think there are alternatives to cameras that this group can explore and be mindful of privacy as well.

We need clarification from KDADS on whether the state is looking to become a technology first state. Tech first is more than just adopting tech, we need successful hallmarks and measures to guide our tech use. KUCDD's Shae Tanis could talk about tech first initiatives and work implemented in other states.

Minnesota Definition

like this model, other states follow this format. Provided feedback that InterHab has used to mirror this language:

1. "Assistive technology consultation" – functional evaluation by AT providers.
2. "Assistive technology equipment" – cost of the equipment and adjusting it to meet the individual's needs.
3. "Assistive technology service delivery" – monthly cost of a service and monitoring as needed.
4. "Assistive technology support" – education and training beyond initial installation/training and routine service delivery questions and implementation. Includes training for the individual's family members or anyone who are otherwise substantially involved in activities being supported by the assistive technology equipment.

The Minnesota definition is comprehensive and clear.

Missouri Definition

Funding mechanisms – they have a limit, but you don't have to seek outside funding or grants before a person can pursue the use of assistive technology. That's been a concern in Kansas for access to assistive technology. The other funding source is last resort, not first resort like Kansas. The inclusion of annual minimum allowance is important.

Have PERS rolled into bucket and makes sense.

Agree with above (PERS). Medicaid will always have rules around processes to try first and payment steps, and I think this language is trying to navigate the CMS rules and minimum standard states must meet. Including language that is confusing in Kansas:

“All Assistive Services will be arranged by the MCO chosen by the participant.”

“All Assistive services will be purchased under the participant's or guardian's written authority and paid to the qualified entity as determined by the MCO and will not exceed the prior authorized purchase amount.”

“The participant or responsible party must arrange for the purchase.”

“Work must not be initiated until approval has been obtained through prior authorization.”

Current language is complicated for MCO care coordinators and when we branch into these other areas it makes it difficult for them to navigate without clarity.

Policy should be as long as it needs to be to include everything that's important and make it clear.

Would like clarification why others are intrigued by inclusion of PERS. How is it implemented in Kansas. PERS is separated out as different benefit than assistive technology, it's a standalone code and service. Life Alert is a monthly cost, allow for one install per year, then there is a monthly reoccurring cost. KDADS communicated they didn't want a limit for IDD but they did want a 10k lifetime limit for other waivers. Having even a soft limit is reasonable. The Legislature considered allocating funding in the budget last year but it didn't go through; there's a chance it will happen this year.

Input Report

Training is necessary for MCO care coordinators. Participant shared the following resource for training <https://www.techfirstshift.com/> SCDDO had staff go through it and might have feedback or insight from their experiences.

LaTonia - seeing confusion across Kansas and we want to make sure we have helpful definitions. KDADS is working on different policies because there are different aspects such as remote monitoring, virtual support, etc., and when I think about assistive technology I'm seeing we need to be clear about the purpose of its use, for example is it to help with staffing or is it to help increase independence and quality of life.

Missouri has a risk assessment form to identify why each individual use is being implemented. Here's a presentation about it <https://dmh.mo.gov/sites/dmh/files/media/pdf/2019/08/technology-first-webinar-presentation-02052019.pdf>

We won't want technology to be overused because it can be expensive and invasive. Have heard examples where too much technology is being used to address issues when there were better options that were cheaper and less invasive. With Co-Pilot technology, there are a lot of really interesting alternatives to cameras.

Discussion

What needs to happen with AT to consider it a success?

Measurable benchmarks such as increase in independence, cost savings, .. Want to see how AT can increase independence and decrease cost.

Had meetings last fall and legislators invited people from other states to share their insights and everyone of them said assistive technology was an important part of decreasing cost and increasing services. Need to remove barriers; legislators have been hearing from families and members that they are unable to get assistive technology and there are issues with timeliness, and the Legislature is expecting to have access improved for them.

Improve access and turnaround times. Increase provider capacity to give more members access to services.

What are potential barriers to success to implementing AT?

We need to engage education system. Schools are using technology more and more and then people transition out of high school they may lost access to technology.

Provider capacity and limits on how to get technology to members. During the pandemic KDADS provided lots of iPads but people weren't connecting to internet, sometimes because provider wouldn't let them onto the internet. Need rights training for providers.

Lack of providers and need to make sure new providers are vetted. Like that Missouri has standards and good practices for Kansas to review and adopt.

Potential areas of concern?

Lifetime limit, because the pace and rate of technological advance is a factor and we need to ensure people have this as an ongoing service, and we need to be able to have tech adapt to needs.

How can we make sure this offering is built to last?

Ensure tech is meeting needs and it can be shown. Part of PCSP. LaTonia – make sure individual wants assistive technology and it's not something being pushed on them.

How should the State determine need?

Missouri has an assessment document that looks helpful. Remote Support Systems Addressing Assessment Considerations: Safety and Home Skills, Medical, Behavioral Supports, Community Skills.

Would help with assessing need and tracking effectiveness. If Missouri providers show they can cut back on PCS with AT then providers get an incentive payment. An idea is to add a section for assistive technology to the PCSP form.

Rules for maintenance and is it owned or loaned?

MCO would tend to own the technology and make necessary repairs. The current waiver doesn't allow much for repairs.

We should be paying for maintenance. PERS is loaned tech.

LaTonia – Considerations with data and who owns it and has access to it.

There are issues to consider and address, for example, wheelchair fittings have barrier issues in Kansas and we would need to address barriers with new additional technology changes. It looks like Missouri requires AT providers to demonstrate an ability to meet needs.

Other questions or feedback?

Will we address emerging technology and how Kansas might use it? Agree with this and it might be good to learn from these providers about their technology and services, how they meet needs, how their services are person-centered, etc. We might benefit from organizing a zoom call with tech providers to learn from them. Could reach out to research universities to learn from them about what they are seeing. Missouri had an ongoing webinar series that had lots of great resources. Please share any opportunities or ideas for consideration.

Wrap Up

WSU and KDADS will share the draft definitions with group to review. Please send any other ideas or resources you think of as soon as possible to include them.

What would make the next meeting successful?

See if Shae Tanis is available. Tanis@ku.edu

Cy – share presentation with group with notes

Assistive Technology IDD Workgroup

2 PM – 4 PM
8/2/2023

Meeting Attendance

Organization	Representatives
WSU	Cy Rogers, Zane May
KDADS	Kaitlyn England
InterHab	Nick Wood
KCDD	Craig Knutson
OCCK	Shelia Nelson Stout
Johnson County CDDO	Sarah Brown

Welcome/Introduction

Agreements Suggested:

- We want to be clear about path forward

Discussion

What have you thought about since last meeting?

Group member shared they have been reading about smart homes and how they can increase independence for people in their own homes. Also improve efficient use of staff to help with direct workforce crisis. Not to say we want technology to replace human interaction, but it can help with human interventions. Ohio is using smart homes centered around a smart refrigerator and it's fascinating how they are using it to be person-centered, using it beyond remote monitoring, and I want to encourage this group to think about how technology can be used in ways we haven't considered in the past.

<https://www.wvxu.org/local-news/2020-10-26/smart-home-provides-independence-for-people-living-with-disabilities>

Group member said the Minnesota and Missouri examples reviewed in first meeting were good resources, and hope Kansas will adopt practices to assist people in their own home.

Barriers

Group member shared authorizing services properly under federal regulation can be complicated for TCMs, MCOs, and providers, because there are barriers posed by CMS. Need to make sure Kansas has a good process to follow federal rules. Missouri's definition is comprehensive and easier to follow.

Another group member shared a barrier is putting the person in control and not taking away their autonomy in all of the processes that are required to get technology to them.

Group member shared they don't want to limit people from accessing new forms of technology, acknowledging that technology changes rapidly.

Definitions

Group member liked the broad definition because it doesn't limit the type of technology and provides flexibility.

Need to make sure this is an ongoing process, acknowledge that assistive technology isn't a one and done process, and we need to continually ensure people's needs are being met throughout time on the waiver. Wording could be "constantly evolving needs."

Group member said the definitions are good, but concise, and the definitions from other states have a longer narrative to explain what service are and how they are provided. It's important to communicate the content of the service and have language people need to help implement, such as who provides it, how it's obtained, necessary steps to use it, etc.

Minnesota

Keep – Section G to show it's not one and done, but an ongoing process throughout time on the waiver. Group called out liking how section E and Section F pair nicely and clear up questions about who can access training, technical assistance, and would be good to include any information about a limit. Another group member said all sections look valuable and could be used. The group was unsure why Section C includes donating assistive technology devices, and processes and requirements around donations and using donated technology should be clearly outlined. A group member said the State has to figure out what changes would be required to another state's definitions to implement it here in Kansas, because each system is different.

Missouri

Group member asked if this is a definition for a different service that is for video monitoring. KDADS said it is about monitoring, and asked the group to pull out wording that will help in Kansas. A group member said this language only represents a subset of technology, and it would be important to have the broader definition.

Group discussed how video monitoring isn't always used to increase independence, sometimes it is used to increase safety and welfare, and it's important to have language that is clear about intended use and purpose. A group member said it might be helpful to have value statements in the definition to show assistive technology can foster

independence and not just be a monitoring system for safety. A group member said it could be as simple as including language that shows other less restrictive interventions have been tried before using technology to monitor.

Group member recommended having a process to appeal denials. Another group member recommended including clear information about what people need when going through the appeal process.

Categories and Areas to Consider

AI language models might be able to help increase independence soon

Smart home technology

Technology that can help support people that work

Using augmented reality as a training tool for people with sensory issues

<https://floreovr.com/>

<https://www.robotemi.com/>

Assistance with medical needs

Social interactions and community integration

Maintaining independence

Cellphones

When people have access to technology they may use it in novel and unexpected ways that fit their needs and interests.

What types of outcomes do we want to achieve

bridging gaps and spaces, help people become more independent, more integrated into community, more productive, and whatever solution we explore it needs to be person-centered and meet the needs of the individual. Group discussed using “enabling” versus “assistive” because “assistive” may connote certain things that limit what technology can provide and accomplish. Another group member offered “enable and enhance” as wording. A group member said there is an expert who could talk about the national trend to move away from certain wording and phrasing to better explain reasoning behind it.

Group considered Tennessee <https://www.tn.gov/didd/for-consumers/enabling-technology.html> and how it differentiates from other definitions. A group member said it would be beneficial to use language the federal government uses to ensure compliance.

Group member said the State needs to be cautious and be responsible for doing good work in rolling this out, without building too many boxes that prevent individuals from guiding the process.

Wrap Up

Have group research assessment processes in other states (that are working well/not working well) but models you think could be used for Kansas.

Research other states documentation requirements.

Next meeting the group will review assessment processes, models, and documentation requirements to start finalizing recommendations. Group

Assistive Technology IDD Workgroup

10 AM – 12 PM

8/18/2023

Meeting Attendance

Organization	Representatives
WSU	Cy Rogers, Lisa Jones
KDADS	Kaitlyn England
InterHab	Nick Wood
RN Thrive Skill Ped. Care	Lynn Dalrymple
Aetna BH of KS	Sarah Feldhausen

Discussion

What did you find?

What we have done: Thinking of the future as in home modifications – but what are the smaller things that could help ADLs? Such as nightlight to talk to, refrigerator that connects with 9-1-1 or social worker. Home modification as a \$10,000 limit, currently. Looking to change that?

Love the idea of AT – it seems unutilized in KS. Unbundling – home modifications, AT, Durable Medical equipment – how those three work together? Ohio seems really forward thinking – PCSP would be where it is. How have these states complied with Final Rule and equipment needs – if PCSP was enough? What have other states done? KDADS: working on developing policies regarding cameras – 2 types of use. 1. Monitoring. 2. Virtual delivery of support. How it would be documented, justified, reviewed. In their PCSP or IEP (depending on waiver) that would require specifics for need/justification and phasing out plan. How to remove restrictions. For use of all types of technology. Making sure autonomy and choice. Control of technology would be that of the person served – receiving and operating and discontinued use of.

Clarifying having it in PCSP?

KDADS: depending on what type of technology is being used, reason needed. TO ensure privacy. What documentation would be needed. Medical provider w/Dx for need. Outside entities that would be asked to contribute to justification. Still in early stages. Suggestions welcome. (Notes are on KDADS website)

Maryland: a good list of things not thought of. Vision devices, hearing devices being included. Ohio always seems to be doing great work – but Maryland had an extensive list.

Budget? A lot of other states have hard budgets. Ohio has hours, other states discuss monetary. (Can we get clarification on what that differentiation is?)

Anything in the state examples to stay away from?

KS has very limited AT options and what counts as it. So, everything looks positive based on what we have/don't have.

KDADS: we have very little AT. Which is why we are trying to cover all forms of AT. HCBS initiatives that revolve around AT – so there are others outside of IDD working on it, but still very limited and not wide-spread in KS.

Below 21 that are in school district – schools seem to have devices that are helpful. Computer type device at eye-level (even for home-bound schooling) that is paid for through the school system.

Waivers in other states talked about over 21. Transitional age youth to adult services – can we purchase what they've been using in the schools? Or how do we transition them with what is working for them? Working with the school system. (Has been identified as a barrier in AT. Technology used in schools that does not stay with the person served once they graduate.)

What should AT look like in the state of Kansas

Different access needs, OT evals, who oversees deciding needs, documentation not on IDD waiver – school steps in for kids, but what about adults?

How to access OT, Speech, etc. is spelled out in KMap manual. Language leaves a lot to the provider or MCO to figure out. KDHE update the manual? Other states – waiver service interacting with state plan – should have language should help clarify. Which would be in KDHE/KDADS to determine. Coverage is available for autism spectrum disorder – should be for any DD. Tx plan. Language does not line up with eligibility language.

(Hearing theme between under 21 and over 21 – there seems to be a need for separate? Children, transition, adults as categories. But have it be need based. EPSDT should cover under 18/school age first.)

Must be rehabilitant – most of IDD or TA are deemed custodial. So they are never going to get there. (Which is a barrier) Not qualifying for equipment due to language. Should be quality of life (habilitative) AND rehabilitative. Difference in 3 MCOs on how they are approved/not approved. Definitions from Minnesota & Missouri that define that better. Missouri specifically.

Defining model for AT:

Clarification needed: camera monitoring – is increasing independence considered part of habilitative? Being mindful of how we define it. Ambiguity creates different ideas of what services a person can receive. Too open to interpretation by MCOs. Medicaid has

limitations, but let's not put more limitations on ourselves by having language that can't be followed.

AT model process that needs to be included (outside of language/definition): defining (AT vs. DME vs. home mods) for more opportunity to gain access.

Do parents know how to access EPSDT for things like wheelchairs, etc.?

If a state (like KS) does not have clear language for how to access EPSDT, it falls to the waiver. Ex: personal care – there is no language for it. Must use process in how waiver outlines. How if EPSDT is mandated are there waiting lists?

Model/process for developing AT in the state – what is something MUST be included in KS?

MO statewide definition: "Assistive Technology is any device or technology that helps a person with a disability to live as independently as possible. It includes simple low-tech products such as a visual aid or a reaching device. It also includes electronic devices and systems such as automatic door openers, medication dispensing devices, home automation systems, visual doorbells, touch-screen communication devices, cell phone applications, augmentative speech devices, and many more products and systems. " (Our KMap includes having to show improvement or will be discontinued within 6 months.)

What could KS add for justification?

Reasonable cost estimates. In PCSP. But (like Minnesota) put limit. Look for 2 comparable, for example. Instead of saying reasonable, which can put strain on person/family to keep looking.

Should justification stop in PCSP or have a doctor, monitoring, outline what other attempts were made? What could contribute to the process?

(<https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82306>) Approved application – download box – open to see MO version) Appendix C has definitions of AT. The services under the MOCDD Waiver are limited to additional services not otherwise covered under the state plan, including EPSDT.

Wrap Up & Next Steps

Please still email KDADS questions/ideas after, even with this being our last meeting.