

# Ratio Billing for Children’s Summer Services IDD Workgroup

3 PM – 5 PM  
7/10/2023

## Meeting Attendance

Organization	Representatives
WSU	Zane May, Cy Rogers
KDADS	Seth Kilber, Theresa Singh
Happy Sun Care	Regina Gakinya
Ability Point	Kevin Fish, Amanda Riddle
TCM Manager Goodwill Industries	Bren Williams
Executive Director CDDO of Butler County	Nicole Hall
OCCK Inc.	Susan Sprague
Medicalodges/New Hope Services	Lori Palmer
Rainbows United	Lindsay Kral
UHC	Carrie Kimes

## Welcome/Introduction

Agreements Suggested:

- No additional agreements were suggested or submitted

## 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.

There were no questions on the background of the workgroups or how they were established.

## Purpose & Resources

Group member pointed out that camp is the biggest area of concern with ratio billing, but personal care services may also need looked at

There were no questions on the resources provided.

## Discussion

Seth Kilber of KDADS informed the group that changes in ratio billing have been prompted by COVID, staffing shortages, and some of the creative work done by providers across the state. KDADS is wanting to see what can be done with the waiver to make this a service option.

Group member gave background on Rainbows experience with adjusted ratios based on need. Ratio billing and having to bill one-to-one creates a hiring problem to ensure there are enough staff to cover children participating. Complicating this more is that the camps are about inclusion and communication, and some of the children feel stifled with one-to-one staffing.

Theresa Singh of KDADS asked about staff coming in that are seasonal or part-time and where they might come from. Group member shared that some are returning from the previous year, and that most of their staff come from schools (paras and other support staff) and college students. Their service is billed as IDD respite. The goal this summer was to do one-to-one, but staff have also done one-to-two, and one-to-three.

Group member outlined that Ability Point is celebrating the 35<sup>th</sup> anniversary of their summer program. We have many students who don't need, or want, staff with them. The other consideration is that if we have 20 students and add 20 support professionals, we are having to limit who can go on outings because staff are taking up space on the bus. Ratio billing makes sense financially, for the persons-served, and for increasing the number of persons-served.

InterHab has some previous workgroups done on this and it could be a good resource. Nicole participated in this workgroup and will share what they have.

The group stated that this additional resource would be helpful for this group:

Group member outlined that there was consensus in landing on going up to a 1-2/3 ratio and there are other states doing similar things. Ability Point runs it's summer program this way: in the 9-12 age group there would be 25-30 students and all of them are staffed at a ratio. For example, there are ten staff and some kids need one-to-one and others need less. As a group they go together and there are staff assigned before the day starts. Additionally, these same staff are assigned to these kids for the whole summer

Question was asked if parents/family members were allowed to provide services to an extent during Covid. Do we have numbers of persons who are funded but not being served due to lack of employable staff, particularly in our rural areas? Seth Kilber outlined that paid family caregivers is in the waiver amendments now and will be staying.

Group discussed ratio billing could be an option for extending services, particularly in rural areas. For example, an afterschool latchkey service. There are providers who

would like at this as a potential option and it should be worth researching and pursuing. Group member mentioned that you could extend this to adults pre-and post- day programs.

For the next meeting these things should be focused on:

- We don't need a full and specific definition worked out in this group.
- We do need to find consensus. If the group does not find consensus multiple recommendations can be made.
- For the next meeting it would be helpful to understand the codes KDADS is considering for ratio billing – KDADS outlined they have not considered any codes so far and that everything is on the table. Will require referencing the CMS technical assistance guide and seeing what other states have done.
- The possibility of ratio billing being a new code/service.

## **Wrap Up**

Things to do prior to the next meeting

- KDADS will check into resources from InterHab
- Folks on the call could research what other states are doing and what successful outcomes they have had
- Doodle Poll will come out soon and next meeting will be for defining ratio billing and talking about summer programs. You can reach out to WSU or KDADS in the short term with questions.

# Ratio Billing IDD Workgroup

7/24/2023

3 PM – 5 PM

## Meeting Attendance

Organization	Representatives
WSU	Cy Rogers, Zane May
KDADS	Seth Kilber
SCDDO	Jeanette Livingston
Ability Point	Kevin Fish
Rainbows	Lindsay Kral
TCM Manager Goodwill Industries	Bren Williams
Executive Director CDDO of Butler County	Nicole Hall

## Welcome/Introduction

### Review Agreements

- Meaningfully Engage
- Focus On Solutions
- Not Changing Isn't an Option

## Purpose

### Review Purpose

- Make a recommendation to better define ratio billing to ensure Kansas is operating within federal regulations.
- Make a recommendation to reimburse children's summer programs that is compliant with federal regulations.

## Review Recommended Language for PCS Service Description

What do you like about the recommended changes to PCS service definition?

- Throughout the document it refers to provider occasionally and worker occasionally, and this makes the document confusing. As it is written "provider" seems to mean "worker" and vice versa. This confusion was validated by KDADS.
- I particularly like the verbiage in the first paragraph. Ratio can help be determined by the PCSP up to a 3:1 ratio.
- The wording here is good. It's simpler and a more straightforward response to the issue than what other states have done. My wonder is if there is a way to

modify the procedure code that would identify 1:1, 2:1, 3:1, etc. I don't think we need to do as much work as other states have done.

- Concern: we could inadvertently be creating unlicensed day services if this doesn't have an age limitation on it. This was echoed in the room.
- From a provider perspective, having ratio billing in the PCSP, involving case managers and families is how you determine the ratio. Providers have seen it's been able to provide a level of care that's necessary while also providing more community "normalcy" for participants.
- Wouldn't want to see this impact the 18-21, still in school age group. This was echoed in the room.
- We should consider how it impacts adults before we ask, "is this just for children?"
- Under provider specifications it notes "home healthy agency license" but that is not common with the providers that offer this service.
- Frustration with the waiver is that there will be old language/stuff in there that isn't necessary. Please take old stuff/language that isn't necessary out.
- Many parents struggle because day programs don't accommodate a parent's whole work schedule. Ratio Billing could be designed to ensure loved ones/family can participate in day programs rather than just PCS at home.
- Would like to open the door for any age to be eligible for ratio billing.
- Consensus that there should be no age cap.

What would you change or add?

- "Costs of transportation included" when this is often not the case. It also impacts staff and makes it more difficult.
- In the draft document, suggesting removal of the "HCBS Setting Final Rule" language isn't entirely clear but the theory in the room is that the original language wouldn't cover everywhere services might be offered.

Does this recommended change (PCS) cover summer camp billing?

- For Rainbows it does but can't speak to others.
- Respite code could be useful, but some have moved away from it due to how it uses hours.
- If using respite, would want to see hours allocated per month so you aren't negatively impacting families in the second half of the year.
- Concern with splitting this up, I would like families to have more flexibility if they need 1:1 vs. shared staffing.
- The amount of respite in Kansas is limited. If this is a federal standard it might be an issue.
- Group consensus that the draft PCS definition covers summer camps and provides flexibility.

Does PCS cover other areas we've talked about (extending services in rural areas, afterschool latchkey, adult pre- and post-day programs)?

- Group consensus that PCS would cover these.
- Would be useful to have some guardrail language around when this "is and is not" allowable.

What situations would PCS ratio billing not be allowed? What might be excluded?

- Not allowed to be billed as PCS if service content meets definition of day supports. MCOs could catch this. Similar instances have been caught by audits in the past.
- Self-Directed vs. Agency Directed is potentially confusing. This gets more confusing at 18 and older and Camps could be considered close to a day program. There might be crossover here to be concerned about.
- For the final rule we were looked at as a day setting since there was not a section for camps. Would want to not eliminate this group again.
- Day service definitions are broad and there are groups looking at definitions. It's possible that this definition could be used for latchkey and others because of its definition.
- Need to make sure this service is being used with the intent that PCS is being used.
- Primarily what is done by providers is community inclusion with all ages together. Community outings were all 1:1 (which was overkill at times). All ages are necessary. Especially in rural areas.

Are there other definitions needed?

- Group consensus that the ratio language works.

Getting this language together satisfies the need for KDADS and for the workgroup. Another meeting does not feel necessary at this time.

KDADS: When we send notes out and see what comments come in it might be useful to touch base and see what else might need worked on

Participant asked about "family caregivers" and its inconsistency with what is included in the waiver amendment. Ratio billing meets the need but there are other things in the document that require attention

WSU: If you could send a document with comments to WSU/KDADS that would be useful

WSU: Barring feedback, how much in the weeds does this group want to get?

KDADS: Feels good about where we landed, there is more work to be done but group might need to meet again

Participant asked the process for other things in the waiver that are being changed that aren't in the workgroups.

KDADS: We are in the early stages and CMS has taken a fine-tooth comb to it and KDADS is anticipating that trend to continue when we submit waiver language for the IDD waiver. However, we don't know what CMS is going to be looking at. But the groups are the main areas we are looking at revising.

WSU: There will be opportunity to make comments on changes before they take effect.

## Closing & Next Steps

Will get notes together and include a summary that will be sent to the group.

There will not be another meeting scheduled unless we hear something isn't working, something has been missed, or KDADS wants to bring us together again.

## Recommendations

- Use the draft PCS service description (refer to DRAFT PCS document for full draft).
- No age limit on ratio billing.
- Clarify language for provider and worker.

PCS are individualized ~~(one to one)~~ services provided during times when the participant is not typically sleeping. **While Personal Care Services are ordinarily provided on a one-to-one basis, personal assistance may be delivered to groups of individuals (up to a 3 to 1 ratio) when: it is determined to meet the individuals' needs, the needs are documented in the Person-Centered Support Plan (Article 30-63), and the needs of each individual in the group can be safely met.** The cost associated with the provider traveling to deliver this service is included in the rate paid to the provider. Non-emergency Medical Transportation (NEMT) is a State Plan service and can be accessed through the MCO.

**Children have access to any medically necessary preventive, diagnostic, and treatment services under Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to help meet children's health and developmental needs. This includes age appropriate medical, dental, vision, and hearing screening services and diagnostic and treatment services to correct or ameliorate identified conditions. Supports provided by this waiver service is to improve and maintain the ability of the child to remain in and engage in community activities.**

When this service is provided to minor children living with their parents or guardians, it shall not supplant the cost and provision of support ordinarily provided by parents to children without disabilities, educationally related services and support that is the responsibility of local education authorities, nor shall it supplant services through EPSDT.