

KDADS ADCSP PUBLIC COMMENT MATRIX (v1.1) 7/14/2020

Waiver	I/DD	Date	10/1/2018 to 10/31/2018
Policy Name (if Applicable):	NA		

#	Sender	Public Comment	KDADS Response
1	Other Stakeholder	KDADS is proposing the following changes to both the IDD and TBI programs: HCBS Settings Rule and Statewide Transition Plan Over the five-year life of the proposed waiver renewals, Kansas will continue implementation of the HCBS Settings Rule and Statewide Transition Plan. HCBS provider settings may need to make changes to achieve full compliance with the Settings Rule by March 17, 2022. Settings that are unable to comply or choose not to comply will no longer be able to provide HCBS after that date. Persons receiving services may need to choose a new provider—one willing and able to comply with the Settings Rule. Kansas is confident that most providers will be able to comply. KDADS staff continues to review the waiver to ensure that all provisions are consistent and compliant with these guidelines prior to its submission to CMS. Changes specific to the IDD Program CDDO Affiliation Requirement of All HCBS IDD waiver services have been updated to include the CDDO affiliation requirement.	
2	Other Stakeholder	The proposed changes appear to be "reactive" in nature and don't realistically propose the system changes that will need to occur to address the intent of HCBS rules and regulations. (A specific example is that the current (and amended) I/DD waiver does not meet the definition of Home or Community Based Services.) Numbers don't lie. The majority (both in type and expense) of waiver services are not consistent with being an alternative to institutional services. The waiver as it had developed, and memorialized in the Amendment, largely finances an isolated/congregate provider controlled "one size fits none" pre-defined set of supports that perpetuate lifelong dependence based on a fear of change and financial gain.	
3	Waiver Participant	Please do not do away with our Case Manager System. This is a valuable service to us and to our loved one who receives day services from the same organization. Please keep the promise the State made upon the implementation of KanCare—individuals with IDD would be able to keep their case managers.	TCMs continue to maintain their roles as defined by K.A.R. 30-63-32
4	Waiver Participant	I am a parent of a child on the Kansas I/DD waiver. My child receives HCBS services. My family uses these services to keep my child at home. I need services to help me keep my child safe. My goals and preferences need to be taken into account. I am extremely upset that KDADs did not publicize that Supportive Home Care services were being removed from the waiver, that the new Personal Care Services, which is the only service that will be available for children, will be limited to children with physical disabilities and that other services would be restricted. The MCO should not have the only say in where and how my child gets services. The same person in the MCO that I talk to shouldn't make harmful decisions for my family. This will harm my family. Why isn't our most vulnerable population being protected? Reducing services will negatively affect my child and my family. - Please hear our voice!	KDADS has revised the Personal Care Services definition to include supervision for health, safety and welfare; assistance and accompaniment with exercise, socialization and recreation; and assistance accessing medical care.
5	Waiver Participant	I am a parent of a child on the Kansas I/DD waiver. My child receives HCBS services. My family uses these services to keep my child at home. I need services to help me keep my child safe. My goals and preferences need to be taken into account. -I am upset that KDADs did not publicize that Supportive Home Care services were being removed from the waiver, that the new Personal Care Services, which is the only service that will be available for children, will be limited to children with physical disabilities and that other services would be restricted. -Please understand that this unpublicized change by KDADs will negatively affect	KDADS has revised the Personal Care Services definition to include supervision for health, safety and welfare; assistance and accompaniment with exercise, socialization and recreation; and assistance accessing medical care.

Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)

KDADS ADCSP PUBLIC COMMENT MATRIX (V1.1) 7/14/2020

		the lives of thousands of hard working, taxpaying Kansas families. It is shameful that this major decision was not publicized! -The MCO should not have the only say in where and how my child gets services. The same person in the MCO that I talk to shouldn't make harmful decisions for my family. -This will definitely harm my entire family!	
6	Other Stakeholder	I have the following comments - There were more revisions in the document than were outlined in the overview of changes, for example the definition and limitations for Day Supports on page 52 have been changed.	KDADS has revised the Personal Care Services definition to include supervision for health, safety and welfare; assistance and accompaniment with exercise, socialization and recreation; and assistance accessing medical care.
7	Other Stakeholder	On page 60, I appreciate the allowance for siblings in a Residential setting. I would like to suggest a language change to allow siblings or spouses in the Residential setting if both are eligible IDD Waiver participants. Current language prohibits two IDD Waiver participants from getting married and receiving Residential Supports.	
8	Other Stakeholder	There is a language change regarding the CDDO completing program and functional eligibility on page 42 that needs clarification. Does the conflict free language change regarding direct services and case management apply directly to the CDDO employees completing eligibility responsibilities or to the overall designated CDDO organization?	42 CFR 441.031 c.1.vi
9	Other Stakeholder	The I/DD Case Management system needs to remain as it is. Our system has demonstrated for many years that protocols are in place to manage any inherent conflict of interest when a provider provides both Case Management and a direct service. Also, because of the low reimbursement for the service, we have to subsidize Case Management, but the service is so much more person-centered when the Case Manager knows the person well. Of note, is that there have been several Case Management entities that have closed this past year or so. MCO Care Coordinators are not Case Managers. They do not know the individuals we support, our case managers do. -When KanCare began families were promised that their family member could keep their Case Manager. Our system has survived the last several years of chaos. We do not need more.	
10	Other Stakeholder	With regard to the Final Rule, I would hope that the choices of the individual and their family are honored. I am pleased that CMS has moved out the date for implementation from March of 2019 to March 2022. Hopefully, there will be reasonableness as the Transition Plan is implemented. Medicaid funding helps fund basic services, not the ivory tower.	
11	Other Stakeholder	Thank you for the opportunity to comment on the proposed I/DD Waiver. - One key area of concern is Conflict of Interest. I continue to maintain that the MCOs are the ones with a conflict of interest. Conflict of interest centers primarily around money. Since MCO's receive all of the money and they make the decisions about how much service a person receives or not, they are the ones with a conflict of interest.	
12	Waiver Participant	I am terribly concerned about some information I have received from advocacy groups about proposed changes to the ID/DD waiver renewal. -Is it true the proposal is to remove Supportive Home Care and have a more restricted Personal Care Services for physical functioning? -Our guys with Down Syndrome often can put on their own clothes, and feed themselves but they need supervision for safety, assistance with going out to inclusive events in the community, social/recreational events where they can participate as regular folks, go out to shop/money management/processing how to navigate a business location safely and with supports. If Supportive Home Care is removed, my son will not be able to safely remain at home and will need to look into residential care again... is that not more expensive to the state vs. supportive home care?	
13	Other Stakeholder	In 1995, the State of Kansas enacted the Developmental Disabilities Reform Act of 1995 (DDRA). The goal of the law was provide participants who have intellectual and/or developmental disabilities access to services and supports which allow opportunities for choices that increase the participant's independence, productivity, integration, and inclusion	

Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)

KDADS ADCSP PUBLIC COMMENT MATRIX (V1.1) 7/14/2020

		in the community. This waiver amendment undermines those goals. Highlights of issues with the HCBS waiver include:	
14	Provider	Issue #1 Draft Waiver Reference Application 6.1: The agency sought public input for the waiver based upon summaries of the waiver that were incomplete and did not reflect the scope of the details in the waiver: Requested Change - Reissue the public comment period with an accurate summary of changes in the waiver to ensure that participants and providers understand the breadth of the changes in the waiver; 1. The removal of the service Supportive Home Care, which is one of only 2 services that children with I/DD impairment and without physical functional limitations may receive in the waiver. 2. The modification of the Personal Care Services service definition to limit the service to physical functional limitations as assessed by the MCO and remove socialization and recreation. The service can no longer be used for safety, supervision or achieving personal goals. This impairment may receive. 3. The removal of employment supports from the Day Supports service definition. 4. The requirement that CDDOs performing HCBS eligibility evaluations cannot be direct service providers. 5. The removal of cognitive impairment from the needs that can be addressed by PCS. 6. The fact that there are now two person-centered plans: 1) A person centered support plan that reflects the participant's goals and 2) a person centered services plan that reflects MCO assessed needs and services authorized. The person centered services plan is not required to reflect the participants goals and desired outcomes and how the services will address those goals.	1, 2,4 and 5 are duplicates #3. Day Supports has always been defined as pre-vocational. The renewal further clarifies this requirement by stating that Day Supports may not duplicate services provided by Supported Employment
15	Provider	Issue #2 Application Transition Plan #1: The application transition plan states: Services and service types have not been changed. See bullets regarding Supportive Home Care and Personal Care Services above. This is not correct and no transition plan for affected participants was included: Requested Change - Include a specific transition plan for all affected participants, especially children and their families who will no longer have access to Supportive Home Care and participants for whom PCS will be limited to the MCO assessment of physical needs. --- Cease any distinctions within the waiver regarding the eligibility of individuals for certain services within the waiver. All participants should be eligible for all services. For example, transition age youth should be eligible for Supported Employment beginning at age 14 and children with cognitive impairment requiring safety and supervision should continue to be eligible for PCS. The amount, duration and scope of services authorized should reflect the participants risk mitigation need for safety and supervision as well as the achievement of personal goals such as competitive integrated employment, adult education, and integrated living.	Per federal law HCBS waivers are the funding stream of last resort and cannot duplicate services received through school, EPSDT or other funding streams
16	Provider	Issue #3 Appendix A, Quality Improvement a.ii; and Appendix A-2.b: The Ombudsman does not work independently or advocate for participants. The Ombudsman should operate independently of the MCO and KDADS administration: Requested Change - The Ombudsman should be moved to KDHE to ensure independence.	Outside of the scope of the waiver
17	Provider	Issue #4 Appendix A.3 and C-1.c and Appendix D-1-a: The three Case Manager sections conflict. C-1.c states that TCMs develop a single person-centered services and supports plan that reflects the participants goals and needs. However, A.3 states that the MCO conducts the Service Plan development. Appendix D-1-a discusses only MCO care coordinators. --- There are three different sections that differently reflect the care managers responsible for developing the person centered services and supports plan required in 42 CFR 441.301: Requested Change - The State should delegate the development of a single person-centered plan with physical health, behavioral health and I/DD services and supports to the TCM. The MCO should only be responsible for service authorization, assist with utilization management, conduct provider credentialing, create and provide the provider manual, and other provider guidance; and participate in the comprehensive state quality improvement strategy for the KanCare program, including this waiver.	Person-Centered Service Plan (Service Plan): the overarching document that helps guide an individual towards achieving their preferred lifestyle. The Person-Centered Service Plan takes the place of the Integrated Service Plan (ISP) and Plan of Care (POC) and includes the authorized services, Person-Centered Support Plan or Participant Interest Inventory, Behavior Support Plan, IEP and any other applicable documents. Person-Centered Support Plan (Support Plan): a Person-Centered Service Plan related document that allows the participant to self-assess personal preferences, strength, weaknesses and goals prior to the Person-Centered Service Plan meeting. Applies to the IDD population only and is regulated by K.A.R. 30-63-21.

Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)

KDADS ADCSP PUBLIC COMMENT MATRIX (v1.1) 7/14/2020

18	Provider	<p>Issue #5 Appendix B-4-b Draft Waiver Reference Issue: Children will lose eligibility under this amendment - With the removal of Supportive Home Care services and the tightening of PCS to only provide services for children with functional impairment based on physical disabilities, children in Special Income Group (42 CFR 435.217) will lose eligibility for the waiver if there is not a need for one of the remaining services. CM is a service only under TCM provisions at 1915(g). This is a violation of maintenance of effort under PPACA. This maintenance of effort requirement is effective until 10/1/2019, with respect to individuals under age 19: Requested Change - Place Supportive Home Care back into the waiver and remove the restrictions on PCS that limit the service to only the provision of ADLs, IADs, and Health Maintenance activities, which have a result of changing eligibility through assessments for children eligibility under the .217 group.</p>	
19	Provider	<p>Issue #6 Appendix C-1/C-3: The removal of the service Supportive Home Care, which is one of only 2 services that children may currently receive in the waiver. Supportive Home Care is now a provider type under PCS. --- Under the 2016 waiver, Supportive Home Care was an in-home individualized (one-to-one) services that provide direct assistance to waiver participants in daily living and personal adjustment, attendant care, assistance with medications that are ordinarily self-administered and accessing medical care, supervision, reporting changes in the recipient's conditions and needs, extension of therapy services, ambulation and exercise, household services essential to health care at home or performed in conjunction with assistance in daily living (e.g. shopping, meal preparation, clean-up after meals, bathing, using appliances, dressing, feeding, bed-making, laundry and cleaning the bathroom and kitchen) and household maintenance related to the recipient.</p>	
20	Provider	<p>Issue #7 Appendix C-1/C-3: The modification of the Personal Care Services service definition to limit the service to physical functional limitations as assessed by the MCO and remove socialization and recreation activities. This is the only other service that children with I/DD cognitive impairment only may receive today (other than Supportive Home Care) in their home. After the amendment, it is also the only service that may be provided in a beneficiary's home and it is now limited to individuals with functional physical limitations. It is also one of the only services that can be self-directed. --- This change is detrimental to children and individuals can no longer self-direct services that are comparable to Day Supports.</p>	
21	Provider	<p>Issue #8 Appendix C-1/C-3: The removal of employment supports from the Day Supports service definition. --- As a Work First State, Kansas should make a variety of supports for employment available to participants with I/DD so that more individuals can have competitive integrated employment. Instead of restricting individuals ability to access employment supports through Day Supports and PCS, Kansas should ensure that a variety of adult education supports and employment supports are available to help I/DD members live fully inclusive lives. The access to employment supports should include that ability to self-direct that care through PCS as well as receive agency directed supports through Day Supports without accessing the Supported Employment benefit. Unlike most other states, Kansas is utilizing this waiver amendment to restrict access to employment and adult education for individuals with I/DD: Requested Change - Add employment supports back into Day Supports and ensure that individuals who self-direct their PCS or receive agency-directed PCS services can utilize those supports for adult education and employment support. Creating restrictions on the type of service providers and ability of participants to receive employment and education supports undermines the ability of persons with disabilities to develop job skills and obtain employment. --- Employment supports have been removed from PCS and Day Support. The only providers who may provide employment supports are agency directed Community Service Provider. This limitation restricts the I/DD populations' access to employment support.</p>	

KDADS ADCSP PUBLIC COMMENT MATRIX (v1.1) 7/14/2020

22	Provider	<p>Issue #9 Appendix C-1/C-3: Access to children's services has been muddled under EPSDT and the waiver. --- Kansas has used this confusion to deny children access to the same amount, duration and scope of services as adults under day supports and supported employment (which children are not eligible for under the waiver because Kansas operates a waiver within a waiver). --- In some cases, the I/DD HCBS waiver service is only available after exhausting the State Plan benefit. In some cases, the I/DD HCBS waiver service is said to be available but not duplicative of the State Plan benefit. In the case of PCS, there is no State Plan process for children to receive PCS that is person-centered. --- Kansas has not clearly outlined how Children access EPSDT State Plan services under the waiver and is using this lack of clarity to deny children access to services that are available to adults. Kansas has historically authorized personal care services for children under the HCBS waiver, these services are actually EPSDT services to which any child under the age of 21 is entitled without limit if medically necessary. --- The State has been using the vague language and processes under the HCBS waiver to deny children access to State Plan services under EPSDT. Families with children under the age of 21 have been directed to apply for services under the HCBS waiver such as Supportive Home Care (now removed) and PCS, only to have their services limited based on assessments that are not based on cognitive impairments or artificial MCO set limits that are not stated in the waiver (e.g., United will only reimburse for PCS for 30 minutes a day for exercise even if the participant is on a physician mandated exercise regime that is greater than 30 days). Families are told that they cannot have PCS services for their transition age youth (age 18-21) for adult education, despite the fact that adult education is clearly permissible under the waiver in Day Supports and that personal care in a K-12 setting is permissible under the State Plan. --- These requested services qualify as "personal care" to which children entitled under the component contained in Section 1905(r)(5) of Social Security Act. Under that component, states must cover "such other necessary health care, diagnostic services, treatment, and other measures described in section 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan" for those children under the age of 21. These services include "personal care services" that are medically necessary. Instead of working toward supporting families throughout the lives of their disabled children, this amendment cripples that ability of families to support their loved ones. Life-long caregiving for individuals with I/DD can have long-term negative economic impacts on families. In addition to sacrificing employment opportunities for their caregiving roles, many families incur significant expenses.</p>	
23	Provider	<p>Issue #10 Appendix C-1/C-3 and Appendix D-1-c and Appendix D-1-d - The cognitive needs of the individual as identified in the eligibility evaluation are not reflected in the person-centered service plan and services authorized by the MCO. --- As I/DD waiver, the cognitive needs of the individuals should be fundamental to the MCO assessment. Instead of using an assessment based on ADLs and IDLs and health maintenance activities for another State's elderly and physically disable population, the MCOs must be required to access the cognitive needs as well as the physical needs of the participants and work to design not only person centered support plans - but also person centered service plans that support the cognitive needs of the individuals (note: the United functional assessment for PCS does not include any cognitive assessment for supervision or safety).</p>	
24	Provider	<p>Issue #11 Appendix D-1-b and D-2-b - The absence of any MCO conflict of interest protections for beneficiaries: There are no references to the fact that the MCO care manager should not be making utilization decisions (e.g., United's Care managers should not be making ISP/Person-Centered Service Plan denial, limitation and termination decisions in Kansas). --- In one KanCare MCO (United), the MCO care coordinator who assesses the participant also makes the utilization review decisions to limit the service. The managers in the MCO care coordinator's unit hear appeals dealing with subordinates decisions, in which</p>	

Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)

KDADS ADCSP PUBLIC COMMENT MATRIX (v1.1) 7/14/2020

		they may have advised the care coordinator on the limitation or denial: Requested Change - In both D-1-b and D-2-b, the State should indicate that. The 1915(c) will operate concurrently with the 1115 and ensure choice of TCM and CC. Members may request a change of MCO CC or TCM at any time. The MCO Care Coordinator will comply with all federal Conflict Free Case Management (CFCM) requirements for including: Full disclosure to participants if a TCM also provides direct services, Participants will have freedom of choice of TCM providers with the MCO controlling the participant choice process, Participants will be provided information about the full range of waiver services, not just the services furnished by the entity that is responsible for the person-centered service plan development, Children will have a clear and accessible grievance and appeal process as well as an alternative dispute resolution process.	
25	Provider	Issue #12 Appendix D-1-c and D-1-d - Personal goals - The participant's individually identified goals and desired outcomes are not reflected in the person-centered service plan. This is consistent with the references throughout KDADS materials to participant "wishes" instead of to participant's goals and desired outcomes. --- All references to personal goals have been removed from the waiver's person-centered planning process. The section D only refers to "needs" as assessed by the MCO. The ONLY reference to participant goals talks about process by the TCM and the person centered supports plan which is not directly linked to the person centered service plan and does not refer to beneficiary goals being taken into consideration. If you look carefully at the paragraph below, it does not say that the person centered plan considers the goals of the beneficiary - it says that the plan identifies the "needs of a participant and the appropriate level of supports and services to meet those needs". The only time the preferences, goals and choices are taken into consideration are in the support plan which is NOT in the MCO's service plan.	
26	Provider	Issue #13 Appendix D-1-d - Signature on Person-Centered Service Plan - Refusal of the beneficiary to sign the Person-Centered Service Plan because of disagreement over the services on the plan should not be grounds for termination of an individual's HCBS eligibility. --- Consistent with 42 CFR 441.301(c)(2), if a participant does not agree to the Person-Centered Service Plan and refuses to sign, the participant should not be terminated from the HCBS program. There is no language on the Person-Centered Service Plan noting that the participant received but did not agree with the plan. The only language says that the comments must report disagreement but it does not explain that the individual's eligibility is not jeopardized: Requested Change - Policy M2018-042 should be updated to reflect the ability of the individual to disagree and not sign the POC without fear of retaliation from the MCO through discontinuation of benefits. The refusal to agree with the MCO should not be grounds for HCBS eligibility termination.	The new Service Plan templates require the MCOs to have a place for the individual to mark agreement or disagreement with the contents of the plan
27	Provider	Issue #14 Appendix D-1-d and D-1-c - There are multiple confusing person centered plans, care managers, and assessors, and assessments: Participants have at least 3 assessors/care managers in their lives with 2 separate person-centered supports and services plan. Many I/DD individuals receive 3 separate assessments annually. Some participants also have disease managers from MCOs in their lives for physical co-morbidities. This is a waste of public resources and it results in confusing bureaucratic processes and procedures: Requested Change - Reduce administrative waste. Consolidate all person-centered plans into a single document. Eliminate the MCO Care Coordinators and delegate all care management down to a single conflict free TCM that includes HCBS eligibility evaluation. Have a single eligibility evaluation combined with the needs assessment for eligibility and service authorization that account for the totality of all member needs including cognitive needs.	
28	Provider	Issue #15 Appendix D-1-e - The services authorized should include services and supports to mitigate the risk of individuals living in their own homes: Risk Mitigation should be improved and address the provision of services for participants living in their own homes and participating fully in the community. This includes the identification of Supportive Home Care	Addressed by K.A.R. 30-63 and M2018-042

Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)

KDADS ADCSP PUBLIC COMMENT MATRIX (V1.1) 7/14/2020

		and PCS services necessary to ensure the safety and supervision of individuals: Requested Change - Add language to address dignity of risk and the provision of services for participants living in their own homes and participating fully in the community.	
29	Provider	Issue #16 Appendix D -2-a - MCOs should not be the primary contact for participant monitoring: The TCM as the conflict-free provider should be the primary contact with the participant for health and welfare monitoring. Because there are no conflict of interest standards for the MCOs, the MCOs financial interests are permitted to outweigh the needs of the individuals. Making the MCOs responsible for monitoring health the welfare of beneficiaries is probably one of the reasons that the number of hospitalizations in the I/DD population has increase since the implementation of KanCare (as reported in the KanCare 1115 demonstration renewal to CMS). MCOs have no conflict of interest provisions to protect I/DD members: Requested Change - The MCO CC should be removed as the primary contact for participant monitoring. The TCM should be the primary contact with the beneficiary and should be responsible for monitoring the implementation of the person centered service plan. --- As noted in Appendix D-2-b, the TCM is prohibited from providing any direct service to the participant. The Targeted Case Manager has a regulatory duty for monitoring and follow-up to ensure that the person-centered support plan and related supports and services are effectively implemented and adequately addressing the needs of the person (K.A.R. 30-63-32). Therefore, it makes sense that the TCM should have the delegated authority for monitoring person centered service and support plans.	TCMs provide oversight and monitoring of Support and Service Plan goals and resources. Refer to K.A.R. 30-63-32 and M2018-042
30	Provider	Issue #17 Appendix E - Self-direction has been rendered meaningless under the waiver. Instead of being permitted to utilize self-directed services such as PCS to the same extent that the Day Supports agency directed service is available, participants in PCS have been stripped of the ability to utilize the service for personal goals including employment, education, community inclusion, and socialization. The limited self-direction is solely for the participant to be in an employer role, which fundamentally limits participants from utilizing the waiver for self-determination. --- The waiver is strictly about the MCOs assessment of physical needs (no recognition of cognitive needs). Self-direction has become a joke in this waiver and solely about the participant being the employer - not about achieving the participant's life goals. Requiring that individuals only be permitted to have PCS to address needs identified by MCO Care Managers for ADLs, IADLs, and health maintenance and not for community inclusion, socialization, and other activities that meet personal goals will result in more individuals being socially isolated, families being unable to meet participant goals for life outside of group homes and competitive employment.	This would create a fiscal impact. The State would need increased funding to accomplish this.
31	Provider	Issue #18 Appendix F-1. - Conflict of Interest/Conflict Free Case Management provisions do not exist for MCO appeal structures - There are also no references in the MCO care management supervisors who supervise the MCO care managers should not be hearing the appeals. (For example, United has the Care Manager supervisors within the Care Management Unit hear the HCBS appeals for their supervisees): Requested Change - Add the following language to Appendix F-1. Individuals conducting the appeals within the MCOs must not be the same individuals that were involved in the initial decision and may not be within the same supervisory structure and unit as care managers (i.e., individuals may not be previously involved in any previous level of review or decision making nor a supervisor or subordinate of any care manager or within the same supervisory structure or unit as a care manager).	Outside of the scope of the waiver
32	Provider	Issue #19 Appendix F.1 - MCOs are not following all of the requirements in 42 CFR 438 subpart F for appeals - MCOs are not providing notices, processing appeals in a timely manner, allowing participants the opportunity to present additional evidence, or notifying participants regarding appeal decisions consistent with federal regulations: Requested Change - The waiver should clearly state ALL of the federal requirements for appeals because the MCOs are not following them. Additional oversight of MCOs by KDHE is needed	Outside of the scope of the waiver

Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)

KDADS ADCSP PUBLIC COMMENT MATRIX (v1.1) 7/14/2020

		to ensure that beneficiaries receive appeals and notifications as prescribed by federal regulation.	
33	Provider	Issue #20 Appendix G-1.b - There is a large number of unexplained deaths and preventable admissions for the I/DD population since the inception of KanCare including an increase in the number of hospital admissions for the I/DD waiver (this was reported in the KanCare 1115 renewal) --- There have been a large number of unexplained deaths and preventable admissions for the I/DD population since the inception of KanCare. The number of hospitalizations in the I/DD population has increased since the implementation of KanCare (this was reported in the KanCare 1115 renewal): Requested Change - Summary reports on the numbers and types of critical incidents including unexplained deaths, the use of restraints, seclusion and restrictive interventions and preventable events/admissions using the 3M technology should be publically available to bring accountability to the KanCare program. --- There should be additional oversight over KDADS because the increase in I/DD hospitalizations and deaths since the inception of KanCare. In particular, rather than waiting for quarterly reports, KDADS should report unexplained deaths and critical incidents involving hospitalizations should be reported immediately to KDHE. Should oversight of KDHE not be complete, these critical incidents should be reported to the KanCare legislative oversight body.	Outside of the scope of the waiver
34	Provider	Issue #21 Appendix B-6-f - The requirement that CDDOs and their subcontractors performing HCBS eligibility evaluations cannot be direct service providers: Requested Change - The summary only stated: It is KDADS' intention that all conflicts of interest provisions are consistent with the KDADS Conflict of Interest Policy and compliant with federal law. KDADS staff continues to review the waiver to ensure that all provisions are consistent and compliant with these guidelines prior to its submission to CMS. --- The waiver out for public comment requires that CDDO and its subcontractor cannot have Conflict of Interest for HCBS eligibility evaluations or case management. Page 42 of 169. ---The CDDO or its subcontractor must provide conflict-free program and functional eligibility determinations. Under no circumstance can the subcontractor or CDDO also provide direct services or case management to the waiver participant. Individuals presenting with reasonable indicators of meeting level of care eligibility are evaluated upon initial application for services, and then reevaluated within 365 days of their previous functional assessment, upon receiving waiver funding.	Clarified that the subcontractors refer to any subcontractor performing program or functional eligibilit assessments
35	Waiver Participant	I am a parent of a child on the Kansas I/DD waiver. My child receives HCBS services. My family uses these services to keep my child at home. I need these services to help me keep my child safe. My goals and preferences need to be taken into account. I am upset that KDADs did not publicize that Supportive Home Care services were being removed from the waiver, that the new Personal Care Services, which is the only service that will be available for children, will be limited to children with physical disabilities and that other services would be restricted. The MCO should not have the only say in where and how my child gets services. The same person in the MCO that I talk to shouldn't make harmful decisions for my family. This will harm my family. Please do not remove these services from the waiver. This will not only harm my family now, but will make it more challenging for my daughter to be a contributing member of society in the future. She will likely need more services as an adult if we lose our assistance now while she is a child. Investing in the children while they are young provides great financial benefits for everyone in the future. Thank you.	
36	Provider	Care Provider of child(re): Because of this waiver I am able to provide quality and important care to the children using this waiver that you are limiting. While I know I can always find another job, I do not work out of just financial need but know that this waiver is needed to provide help and care to people suffering from disabilities that are visible or invisible. My job keeps families and their children SAFE. I provide a necessary part in the life of these families to continue thriving, surviving, being able to function. My goals and preferences need to be	

Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)

KDADS ADCSP PUBLIC COMMENT MATRIX (V1.1) 7/14/2020

		taken into account. I am upset that KDADs did not publicize that Supportive Home Care services were being removed from the waiver, that the new Personal Care Services, which is the only service that will be available for children, will be limited to children with physical disabilities and that other services would be restricted. The MCO should not have the only say in where and how my child gets services. The same person in the MCO that I talk to shouldn't make harmful decisions for families. This will harm the families I provide for.	
37	Other Stakeholder	I was writing to ask if you were aware that the proposed changes in the I/DD waiver would be adversely affecting children under the age of 18 and there will be a restriction on all services that can be provided in the home. We adopted a sibling set of 5 from foster care several years ago. They all have brain damage from fetal alcohol spectrum disorder(FASD). They are all teenagers now and all struggle significantly with this little known problem. We have already had to fight for services in school and in the community because the girls appear typical. Their behaviors and needs are not typical. We depend on our care providers in our home to help us keep the children safe and to help get the girls to their many therapy appointments. Our oldest is now 18. We have guardianship and are applying for SSI. She lives in a group home but can only be there another 6 months or so. I'm afraid she will end up homeless. Her behaviors are such that she can not be home with us but we are struggling to get her qualified for services. Our 4th has a very low IQ of 61 but the basis assessment says she doesn't need services, although she has very little impulse control, and lots of behaviors. All this to say, please don't make the services harder to get or less. We need them for the 2 most severe girls to be able to live at home. They can feed themselves but that doesn't mean we don't need help! Thanks for listening.	
38	Waiver Participant	We adopted two children that are both on IDD waivers. We couldn't take care of them like we do without the services they have. Please protect our children and keep all their services in place. Ricky has quadriplegic Cerebral Palsy and is confined to a wheel chair. He requires constant care. He is a delight to have in our family and I couldn't imagine him losing services he desperately needs. Our other child we adopted is Taylor she can never be home alone due to her intellectual challenges. We help her with all her daily living. She will need services to be able to stay home and have the care she needs. Please keep our children safe. Please keep their services in place! Thank you.	
39	Other Stakeholder	Dear State Leaders, A stat you may want to know: There are over 3,673 CITIZENS on the I/DD waiting list. There are 562 on the waiting list in my county(Johnson County) alone. The HCBS waiver is an Underfunded Mandate. That is the real issue-Expand funding the waiver don't cut existing services. As you read the list of some of the changes Proposed for the HCBS waiver at the bottom of the page please keep in mind that these actions do not "help" Kansans with I/DD challenges. These actions do not "help" establish training programs for Voc Rehab, training programs for inhome providers, replenish the staffing, billing, day services or residential agencies that have closed in Kansas(over 13 have closed less than 4 have opened). Please go online and find the mission statement of KanCare which is to "decrease overall costs". Is that Code for AT ALL COSTS including the Quality of life for those Kansans with I/DD challenges? How can the mission of KanCare be to decrease costs when data shows the population is increasing and living longer?	Funding: Outside the scope of the waiver, Supportive Home Care: Duplicate, Voc Rehab: Outside the scope of the waiver
40	Other Stakeholder	CHANGES PROPOSED: Specifically, •Supportive Home Care is proposed to be removed from the waiver (this is one of two services that children with I/DD cognitive disabilities current receive in their homes) •Personal Care Services will be limited to assisting with physical functional limitations such as toileting, eating, bathing, etc (this is the other services that children with I/DD cognitive disabilities receive in their homes and is the primary service that can be self-directed) •Supports for employment will be limited only to Supported Employment vendors contracting with Vocational Rehabilitation. •Children in Families who have their income waived will only continue to be eligible for the I/DD waiver if they meet the narrow limitations for physical functional limitations such as toileting, eating, bathing, etc. in	Supportive Home Care: duplicate, PCS: duplicate, Supported Employment: clarified-complete

Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)

KDADS ADCSP PUBLIC COMMENT MATRIX (V1.1) 7/14/2020

		<p>PCS or one of the more intensive services such as enhanced care services. If these profit driven proposals are approved Kansas Families will suffer. Kansans has 27 CDDOs already offering the oversight required for the I/DD population and their families. They stand willing and able to work with state agencies in serving the person centered care Kansans with Disabilities require. You have an army of families and providers willing to do all that is required to better serve those we love with I/DD challenges. You will NOT find one community agency in support of these proposals- Ask them- Easter Seals, Down Syndrome Guild, United Cerebral Palsy, Autism Speaks, Autism Society of the Heartland, Whole Person, Disability Rights Council etc. Thank you for anything you can do to create a Kansas Family Community Support Proposal that helps our families instead of harming them. These proposed before you are not among them.</p>	
41	Other Stakeholder	<p>Good morning, I am a supervisor in child welfare services in Kansas. The Kansas I/DD waiver is a valuable resource for many children I work with, with intellectual and developmental disabilities. Personal home care is what allows several of the children I directly oversee to remain in a foster home in the community, as opposed to institutional care. These children receive HCBS services. These children need services to help keep these children safe. My goals and preferences need to be taken into account. I am upset that KDADs did not publicize that Supportive Home Care services were being removed from the waiver, that the new Personal Care Services, which is the only service that will be available for children, will be limited to children with physical disabilities and that other services would be restricted.</p>	
42	Sender	<p>I have a question: I just watched the whole 35 minute presentation by KDADs at Wichita State about the proposed changes to the waivers. For the ID/DD waiver, the only mention was sleep cycle support: changing the name to enhanced care services; that was the only mention of a proposed change. The presentation also said there would be no impact for participants having services provided in their home/self-directed. So, when I attempted to read the 169 pages of revisions, I did find this: Supportive Home Care, as agency-directed Personal Care Services is now listed under Personal Care Services (PCS). PCS, as an agency directed service, has provider qualifications that are different from the Supportive Home Care provider qualifications. PCS Provider clarification language has been added to indicate that any individual providing services is at least 16 years of age, or at least 18 years of age if a sibling of the person receiving services, unless an exception to this requirement has been granted by the commission, based upon the needs of the waiver participant. So we have the whole ID/DD advocacy groups and parents/clients trying to write in to protest what we were told was the removal of supportive home care (for our self-directed folks, not agency driven) to personal care services, which we were told meant a much more hands-on true ADL focus.</p>	<p>Provider qualifications were update to reflect changes in K.S.A.65-5102.</p>
43	Waiver Participant	<p>I am the sister of a young man with Down Syndrome, on the Kansas ID/DD waiver. My brother uses Supportive Home Care services to help him remain at home, safely, which is where he wants to live. He was in residential care/group home a couple of years ago, and at that time, he was unsuccessful, so my family brought him back home. His success is only with the SHC that he receives. He now has opportunities to integrate, use his autonomy to enjoy community activities in inclusive settings. Without SHC, my brother will be forced to return to a group home, which is not where he wants to be at this time. Unfortunately, my brother is not safe to be home alone due to his cognitive disability. He needs supervision, guidance and role modeling, and actual interventions at times to keep him safe from harm. His goals and preferences need to be taken into account; it is wrong that KDADs did not publicize that Supportive Home Care services were being removed from the waiver, that the new Personal Care Services, which is the only service that will be available will be limited to clients with physical disabilities and that other services would be restricted. The MCO should not have the only say in where and how my brother gets services. The MCO will harm my</p>	

Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)

KDADS ADCSP PUBLIC COMMENT MATRIX (v1.1) 7/14/2020

		brother which will harm my family. THIS is why we asked for the ID/DD waiver to be carved out of KanCare...MCOs are medical models and they do not understand our ID/DD folks and their community living needs!!! Sincerely.	
44	Waiver Participant	Good afternoon, I am the mother and guardian of my daughter Jessie who is a Cottonwood consumer. Her case manager has been an invaluable resource for both Jessie and myself. She has helped us navigate the healthcare system and is someone Jessie has total trust in for any concerns. Please do not do away with the Case Manager System. Please keep the promise the State made upon the implementation of KanCare—individuals with IDD would be able to keep their case managers. Thank you.	
45	Waiver Participant	To whom it may concern: I am the father of a young man on the ID/DD waiver. He waited many years to finally be approved. Once on, he benefited from Supportive Home Care and day service as well as 4 hours of job coaching at his 16 hour a week dishwasher job. The ID/DD waiver is up for renewal and the state's presentation via PowerPoint and in person noted the only change was changing the name of sleep cycle support to enhanced care services, with no impact on the ID/DD waiver folks otherwise. It has been brought to my attention that there is a non- publicized revision to remove supportive home care services and use only personal care services. This is NOT WHAT IS GOOD for our cognitive disability people. They need true supportive home care NOT personal care services which is designed for the physically needy. Please put SHC back in the waiver. This is so sad to try to hurt our cognitively disabled folks. Is this MCO driven? Please keep SHC in the waiver; it is the means by which my son can remain safely at home.	
46	Other Stakeholder	To Whom it may concern: I am the family friend of a young man with a cognitive disability, on the Kansas ID/DD waiver. He uses Supportive Home Care services to help him remain at home, safely, which is where he wants to live. He was in residential care/group home a couple of years ago, and at that time, he was unsuccessful, so his family brought him back home. His success is only with the SHC that he receives. He now has opportunities to integrate, use his autonomy to enjoy community activities in inclusive settings. Without Supportive Home Care, this young man and those like him, will be forced to return to group homes, which is not the Least Restrictive Environment or where my friend's son wants to return. Unfortunately, he is not safe to be home alone due to his cognitive disability. He needs supervision, guidance and role modeling, and actual interventions at times to keep him safe from harm. His goals and preferences need to be taken into account; it is wrong that KDADS did not publicize that Supportive Home Care services were being removed from the waiver, that the new Personal Care Services, which is the only service that will be available will be limited to clients with physical disabilities and that other services would be restricted. The MCO should not have the only say in where and how our young ID/DD adults and children get services. The MCO will harm our ID/DD waiver clients which will harm this young man, and others. Sincerely	
47	Other Stakeholder	The question is ... what is positive about Kancare. The answer is nothing. There are thousands of horror stories online line for all to read. Our family horror stories pale in comparison to the rest I've read on line Privatization is maximizing profits over people's health. The most marginalized in Kansas have never been a consideration since this program has started. The waiver programs no longer serve the most vulnerable, the MCOs & the state have been richly served to the time of profiting over a \$1 billion. For proof of this look no further than the fact that Kancare was implemented with no pilot program, no training or experience of employees in the MCO & State networks, & Kansas being the only State in the union that privatized all sections of the state Medicaid program. Kansas' privatized Child Welfare program is an abysmal failure. And state officials did not learn from that. And privatized the Medicaid program. That's because State officials didn't care that the privatization would be an abject failure because there are billions of dollars in profits to be	Outside of the scope of the waiver

Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)

KDADS ADCSP PUBLIC COMMENT MATRIX (v1.1) 7/14/2020

		made. From the beginning to now the MCOs have intentionally not paid providers on a timely basis. Forcing providers to quit. This happened to two of our caregivers for Mike Distefano. They had been caregivers for 4 years. This is a rarity in the caregiving industry. But good care giving us joy a consideration under the Kancare banner.	
48	Other Stakeholder	<p>Tim Thomas & Lisa Zinniger has to be the most inefficient & incompetent United employees to date. Worst yet, they continue to terrorize the most marginalized Kansans. They came into my home like a tornado. It was evident they didn't know how to service Mike's needs & could care less. They wanted an account of every minute of the day around the clock with Mikes care. This is an exercise in futility, as anyone one can see, even employees like them, who have no experience with the waivers or TBIs, that Mike is total care. He's on a feeding tube, trachea, & Supra. He can move his foot to yes & know questions. Even after I accounted for every minute of the day Thomas allowed only 71 hours a week for care. And the state attorney would have pursued this in Fair Hearing had not Jim Scott at CMS found that "capable person" was unconstitutional. United continued attempts to enforce "capable person" only served CMS to investigate many of the unconstitutional practices of the MCOs & not renew their contracts until the very last week of December 2017. Thomas nor Zinniger lack of knowledge extended to waiver specifics. Among them was not knowing was "medical necessities" or "The Olmstead Act" was. But the worst of all victimizations perpetrated by these two monsters, was the fact that they filed a complaint w adult services. Among the complaints were the claim that the "Doctor wanted to remove Mikes trachea." If Mike's Doctor wanted to remove the trachea, she would write an order to remove it. But she has not written that order because she does not want the trachea removed. But uninformed Thomas & Zinniger did no know that an order was required. So Thomas called the Dr Dorzab w another lie to get mike's medical records from her. He was trying to cover his a— by attempting to find out if she had written an order for removal of the trachea. Which she had not . He informed Dr Dorzab, he was assisting in getting Mike a new chair. Being the doctor that wrote the order for the chair, she knew he was lying. She had already written the order, & chair was ordered & on the way. The Dr did not appreciate being lied to & about & consulted an attorney over Thomas' calculated machinations. Again Thomas knew so little about his job that his complaint to adult services also contained that Mike was NPO or nothing by mouth. And reported me for the dental care I routinely give him several times a day. Mike receives Biotiene sprayed in his mouth many times a day. Mike is a mouth breather & has all the complications that goes with that. During the 15 hr days I spent for 6 months at the hospitals learning to care for Mike, I was taught dental care for Mike & how important it is to keep his mouth moist. Otherwise he would have plague build up & holes in his teeth. Which he does not. The state social worker, Melanie Brown said Thomas' complaint was "incoherent." This reveals that Ms Brown knew that a drs order is required for trachea removal, & dental care is NOT feeding by mouth. Of course her report to Thomas' complaint was "unsubstantiated". Thomas' assessment for 2016 was an abortion, a waste of time, & an exercise in futility. I resent that my tax dollars pay for incompetency and a farce on the whole. We did not receive a POC from Thomas. In the event my word is questioned, Jim Scott sent a CMS representative for that meeting. This was the beginning of CMS investigation of deception practices by the MCOs. Namely, the practice of having waiver recipients blindly sign computerized POCs FYI. No POC was issued for Thomas' 2016 assessment.</p>	
49	Other Stakeholder	I had no intention of being victimized again, during the 2017 assessment. I therefore recruited the mayor of Fairway, Jerry Wiley, who had written letters & tried to contact pertinent legislators in a futile attempt to get Mike's supplies, Senator Barbara Bollier, & Meredith Funkhouser to attend. Meredith is an advocate & owns a case management company. The state must pass legislation to make sure that knowledgeable case managers like those employed by Meredith, are able to serve the waiver population, & terminate care	

Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)

KDADS ADCSP PUBLIC COMMENT MATRIX (v1.1) 7/14/2020

		<p>coordinators. This would insure the safety & well being of waiver recipients. We all believed that United would assign an new unbiased care coordinator for the 2017 assessment. Not to mention the fact that when a care coordinator reports a family to APS, that care coordinator creates a forever hostile atmosphere between the care coordinator & the family, & should resign as care coordinator for that family. . A positive rapport is forever impossible in the future. The former case managers under the previous Medicaid system logically severed ties with the family if they made a complaint to APS. Again, because of the lack of experience, knowledge, & competency, Tim Thomas was once again inappropriately sent out for the 2017 assessment by United . For whatever reason, Thomas missed three (3) scheduled appointments for Mike's assessment . When he did finally show for the scheduled appointment, he was belligerent & displayed inappropriate behavior. He refused to answer simply questions. For example, the mayor asked who he could contact within the United Network to help Mike get supplies. Thomas wouldn't say he didn't or or he would find out. Instead he was evasive then combative. He was so inappropriate that not only did Mike's case management advocates report him, but he was reported in a written complaint by the KDADs Representative who accompanied him to the assessment. Again, Thomas did not give Mike a POC for the 2017 year. My account of the 2017 assessment can be corroborated by the people I named who were present. After Thomas' 2016 assessment or lack there of, our attorney filed for Fair Hearing. From the Fall of 2016 to April 2018, we were in a long drawn our process of presenting our case during the Fair Hearing. But every single scheduled phone Fair Hearing, State Attorney, Kahlea Porter rescheduled & postponed each & everyone one. Our attorney was prepared & never rescheduled any of the phone hearings. It was painfully evident that not only was Porter not prepared for any of the hearings, but worse yet, didn't understand the details & specifics of the waiver to represent the state & the United. Finally, our attorney, Kim Kass discussed with me a negotiation for a compromise to get us out of the limbo he'll we had been suffering since 2016. Mike lost all therapies & was terminated from the TBI waiver. That happened immediately. But still no POC. In May 2018 we finally received a POC for 2017 from Tim Thomas, still no POC for 2016. We already had an appointment for the 2018 assessment & Thomas' 2017 was incorrect. I informed him he assessment was incorrect & would not be signing it. He just sent a copy of the incorrect POC again. This is his routine manner of doing his job. And it won't change because there are no repercussions. He continues to operate in this manner & continue to keep his job. In May 2018, United sent out another care coordinator. Due to Mike's Accute medical necessities, I informed United that I knew Mike was entitled to an Rn as his care coordinator. An RN, was indeed assigned to us, but none of Mike's medical necessities were taken into account. Lanka Shri Lanka RN, came out with her manager. Not the best use of our tax payer dollars. And although I resent this waste of Medicaid dollars that could directly be applied to vulnerable Kansans like mike, I have no choice but to accept it. Instead of the multiple useful items that could be done for Mike, & that Mike desperately needs, like the previous 2 assessments, 3 hrs were spent with me accounting for every minute of every day in the care of Mike. Shri Lanka's supervisor sat & allowed her to get away with engaging in yet another exercise in futility. After 3 hours, Shri lanka never finished. Senator Bollier again attended & left long b4 the 3 hrs. As well as Star writer Andy Marso, who also left b4 the 3 hours expired. Meredith Funkhouser stayed to the very painful end. Shri Lanka had to finish by phone. And when I finally received the POC it was again incorrect. When I informed Shri Lanka that it was incorrect , she said she got a new job & the next care coordinator should correct it. Can you imagine that a care coordinator that botch the entire assessment gets promoted? This happens only under the incompetency of the Kancare system. To further display the incompetency of United & Kancare, Mike life was placed in high risk of dying this summer.</p>	
--	--	---	--

Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)

KDADS ADCSP PUBLIC COMMENT MATRIX (V1.1) 7/14/2020

50	Other Stakeholder	<p>Because profit is the only factor that matters, before Shri Lanka moves on, she allowed an inappropriate death mattress to be delivered to Mike. The mattress mike had since 2014 was admittedly faulty, but we had no change of exchange, & Mike as well as all caregivers & PT suffered for over 4 years with it. The former mattress was routinely repaired. And this is why United allowed for a new mattress to be delivered. It was the worst death mattress that exists. Within 6 hrs of delivery, mike had wounds & bruises from his back to his bottom. His bottom had never had a wound it a bruise in 13 years. I have pics of all the bruises & wounds. We continue to attempt to heal Mike's back wound. United requires Dr Dorzab to make a early visit to witness these wounds. Dr knew mikes skin integrity was pristine & she was livid at United compromising mike health. Dr Dorzab was vocal about the ordeal United was making us suffer. All care givers became human hoyers. The mattress was so bad Mike could not be moved on it unless he was physically lifted. After 2 weeks I was sick with exhaustion, that I continue to suffer with. Every muscle was sore, & made me puke several times a day. My husband, who had a kidney transplant in 1996, went to his routine Dress apt, & was informed he needed medication for BP. Shri Lanka insisted it was a therapeutic mattress & had no intention of Doing her job & helping us. She lied & said that the old mattress was offered to us to take back. This is a patent lie. Only when our attorney got involved, & Dry Dorsa was livid over Mikes wounds, did united authorize an appropriate mattress. It took 2.5 months. By that time I was so sick, I didn't believe I could get well. And I will testify that it's only been the last 2 weeks that I have started to stop getting sick & starting having some energy. These ordeals never happened under the previous system because it was not profit driven. So we never yielded a POC from the 3 hr. assessment in May 2018. So now we are several years without a POC. So we are having all these wasteful aborted assessments every year, when I get a call in August or Sept 2018, from Mike yet another care coordinator, Jennifer Konawa. And she wants us to suffer thru yet another futile assessment just a couple of months after the May assessment which yielded nothing. I informed Jennifer that we just had an assessment & I was still to sick to suffer they another assessment. She informs me that the MCOs now are imposing assessments 4 times a years. Let's be clear. This is not required by the waiver guidelines. Which are legislative driven. The legislature has never enacted a 4 assessment per year on recipients. This is a policy imposed by the MCOs to reduce services. The legislature tried to protect waiver recipients by requiring MCOs to schedule an assessment before reducing services. This is not a useful way to spend time & Medicaid funds. Especially when the money could go to reducing long waiting lists & performing services & actual benefits recipients need. But we all know why it's done. And the icing on the cake is that I received a threatening letter last week threatening to terminate all services if I don't schedule another abortion of an assessment. These assessments yield no benefits to mike. They are stressful because services are terminated. And we don't even receive a POC. I failed to mention that Kahlea Porter made me sign a document that I would not disclose the ordeals & injustices mike & our family have suffered due to the intentional detrimental Kancare policies. And if I do disclose these machinations, mike services will be discontinued. For all these horror stories & the horror stories of thousands online, Kancare must be repealed.</p>	
51	Other Stakeholder	<p>Thank you for the opportunity to comment on the draft I/DD waiver renewal. The most pressing comment is that this waiver renewal, as written, would be a violation of Maintenance of Effort under the ACA and would jeopardize the Kansas Medicaid program's federal match. * The waiver proposes to remove the in-home service Supportive Home Care and applies new physical disability ADL assessment requirements for waiver participants to receive personal care services, which is only other in-home service for participants solely with cognitive disabilities. In combination with the proposed removal of socialization and recreation as permissible activities from personal care, this will result in children in the special income group (42 CFR 435.217) who have cognitive disabilities facing stricter</p>	

Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)

KDADS ADCSP PUBLIC COMMENT MATRIX (v1.1) 7/14/2020

		<p>eligibility/assessment requirements and no longer qualifying for services under the waiver. This tightening of eligibility is a violation of ACA Maintenance of Effort requirements and jeopardizes the entire Medicaid program's federal match. A high level summary of our other comments are below. Please see the attached for a complete explanation listing of comments on this proposed renewal as well as the assessment that United has already begun to implement that results in a restriction of access to personal care services to participants beyond the currently approved waiver and a potential loss of eligibility for children in the special income group. In 1995, the State of Kansas enacted the Developmental Disabilities Reform Act of 1995 (DDRA). The goal of the law was provide participants who have intellectual and/or developmental disabilities access to services and supports which allow opportunities for choices that increase the participant's independence, productivity, integration, and inclusion in the community. This waiver amendment undermines those goals. The goals of the participant as outlined in the person-centered "supports" plan should not be ignored in the person centered "service" plan. The creation of templates and requirements for health plans that ignore participants' desires to live with their families, receive adult education, and pursue competitive integrated employment should not be relegated to the "wishes" category in the supports plan and not respected in the development of the service plan. A single person-centered plan that the participant sees BEFORE it is distributed to providers must include the supports and services needed AND desired by the participant to live a fully inclusive life where their safety is taken into consideration.</p>	
52	Waiver Participant	<p>I am a parent of a child on the Kansas I/DD waiver. My child receives HCBS services. My family uses these services to keep my child at home. I need services to help me keep my child safe. My goals and preferences need to be taken into account. I am upset that KDADS did not publicize that Supportive Home Care services were being removed from the waiver, that the new Personal Care Services, which is the only service that will be available for children, will be limited to children with physical disabilities and that other services would be restricted. The MCO should not have the only say in where and how my child gets services. The same person in the MCO that I talk to shouldn't make harmful decisions for my family. This will harm my family.</p>	No changes were made to the exception. Language was added under each service addressing conflict of interest mitigation
53	Other Stakeholder	<p>HCBS I/DD Waiver Renewal Comments: The following is noted under major changes: Supportive Home Care, as agency-directed Personal Care Services is now listed under Personal Care Services (PCS). PCS, as an agency-directed service, has provider qualifications that are different from the Supportive Home Care provider qualifications. I do not see Supportive Home Care listed as a service in this document under appendix C. Page 42 under Level of Care Evaluation/Reevaluation: The CDDO or its subcontractor must provide conflict-free program and functional eligibility determinations. Under no circumstance can the subcontractor or CDDO also provide direct services or case management to the waiver participant. How does the state plan to implement this change? Many service types note a requirement for all staff to be trained in medication administration. This is something new and doesn't make sense because it would seem to indicate even administrative staff at a provider would need to be trained in medication administration. Day Service exception – this approval process with CDDOs/KDADS is new. Why is this change being made?</p>	
54	Other Stakeholder	<p>I've reviewed some of the proposed changes to the I/DD waiver and I have some concerns about the proposal to eliminate Supportive Home Care and wrap it into Personal Care Services as well as new restrictions placed on the Personal Care Services definition. The service definition of Supportive Home Care provided for direct one-to-one attendant care that explicitly covered general support for daily living, support for an individual's personal adjustment, supervision support, and support for household services performed in conjunction with daily living and household maintenance related to the recipient. The</p>	

Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)

KDADS ADCSP PUBLIC COMMENT MATRIX (V1.1) 7/14/2020

		<p>definition also allowed for the Supportive Home Care worker to accompany and transport the I/DD waiver recipient to provide essential supervision and support for community activities. This service is proposed to be eliminated and instead provided under Personal Care Services. However the proposed new definition of Personal Care Services is much more limiting than both the definition of Supportive Home Care and the previous definition of Personal Care Services. The new proposed definition of Personal Care Services only provides support for waiver recipients in ADLs, health maintenance activities, and IADLS. Gone is the supervision support, the support for personal adjustment, and the broad support for household services and maintenance in conjunction with assistance in daily living related to the recipient. Also gone is the accompaniment and transportation services needed for a waiver participant's supervision and support for community activities. The previous definition of Personal Care Services also included assistance with socialization and recreation activities. It also explicitly allowed PCS workers to accompany and assist I/DD waiver recipients access both medical services and normal daily activities. These supports and services have been removed in the proposed definition of PCS, which is limited to ADLS, health maintenance activities, and IADLS. PCS for I/DD waiver recipients is explicitly allowed as an alternative to both Day and Residential Support services. Day Support is defined in both the current and proposed waiver as supports for "regularly occurring activities that provide a sense of participation, accomplishment, personal reward, personal contribution, or remuneration and thereby serve to maintain or increase adaptive capabilities, productivity, independence or integration and participation in the community." The previous and current definition of Residential Supports both "provides assistance, acquisition, retention and/or improvement in skills related to activities of daily living such as, but not necessarily limited to, personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting." If PCS is expected to be an appropriate replacement for either of these services, it needs to be broader than mere assistance with ADLS, health maintenance activities, and IADLS. Yet the new definition of this service and the elimination of Supportive Home Care severely restricts these services and seems to not allow a PCS worker to provide the support and services broadly needed to allow an I/DD waiver recipient to integrate and engage with their surrounding community. Seemingly gone are the supports and services often needed for waiver recipients to get into the community and to engage in vital socialization and recreation activities. I believe these proposed changes greatly restrict the services often needed by waiver recipients and should be reconsidered.</p>	
55	Other Stakeholder	<p>Thank you for the opportunity to comment on the renewal of the IDD Waiver for Kansas. Families Together is the Parent Training and Information Center and the Family to Family Health Information Center for Kansas families that include a child or youth with disabilities and/or special health care needs. In the correspondence, we have received from families, there is much confusion about the Supportive Home Care language. There is concern from families that this will limit the ability of their child/youth to safely access the community. This was not addressed in the Stakeholder meetings and families are very unclear how that will affect the Supportive Home Care services they use to support their child. In addition, there will soon be different leadership in many state agencies. It seems prudent to delay the application until the new leadership has had a chance to make revisions.</p>	
56	Other Stakeholder	<p>Below are comments/concerns we would like to submit on the IDD waiver: Appendix B: Client Obligation: In the waiver, it states that the state will continue to calculate patient liability and providers will continue to be responsible for collecting it. The client obligation formula should be changed. Currently, people with developmental disabilities are penalized for earning money beyond their SSI as they then get an obligation that is often equal to their sum earned. This does not encourage employment! The threshold should be lifted as so many of the consumers that pay an obligation to live in poverty! It is not right. Also, the</p>	<p>KDADS will update the rates in the waiver to reflect current rates. Rates are required to be included to demonstrate cost savings to the state, a requirement of the 1915© waiver</p>

Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)

KDADS ADCSP PUBLIC COMMENT MATRIX (v1.1) 7/14/2020

		MCOs do not calculate the obligation correctly or withhold it correctly and therefore it is on the provider to tell the MCOs to collect the money from them. Again, the system needs to be revamped in many ways. Appendix C: Self-Direction: The self-direction definition has been altered to be too restrictive. The PCS service description has been stripped of the ability of participants to utilize the service for personal goals including employment, education, community inclusion, and socialization. The waiver should allow self-direction of PCS with a service description that is consistent with Day Supports. The service is the only service permitted in a participant's home and does not support an I/DD individual's cognitive impairment.	
57	Other Stakeholder	To Whom it may concern: I am the family friend of a young man with a cognitive disability, on the Kansas ID/DD waiver. He uses Supportive Home Care services to help him remain at home, safely, which is where he wants to live. He was in residential care/group home a couple of years ago, and at that time, he was unsuccessful, so his family brought him back home. His success is only with the SHC that he receives. He now has opportunities to integrate, use his autonomy to enjoy community activities in inclusive settings. Without Supportive Home Care, this young man and those like him, will be forced to return to group homes, which is not the Least Restrictive Environment or where my friend's son wants to return. Unfortunately, he is not safe to be home alone due to his cognitive disability. He needs supervision, guidance and role modeling, and actual interventions at times to keep him safe from harm. His goals and preferences need to be taken into account; it is wrong that KDADs did not publicize that Supportive Home Care services were being removed from the waiver, that the new Personal Care Services, which is the only service that will be available will be limited to clients with physical disabilities and that other services would be restricted. The MCO should not have the only say in where and how our young ID/DD adults and children get services. The MCO will harm our ID/DD waiver clients which will harm this young man, and others. Sincerely.	
58	Waiver Participant	I think the IDD waiver has been running well because of our case manager who know our kids well,our kids are comfortable with them and that means a lot.My son does not like schedule changes nor does he like new people that it takes months for him to be comfortable with.I think people must understand that a person.who is IDD cannot be measured in any type of scoring-a person who is IDD has physical challenges,emotional challenges and mental health issues AND is mentally challenged.That is the whole pic for them.	
59	Other Stakeholder	Day Supports provides day and residential services, supported employment and wellness monitoring under the IDD waiver. Here is our input : When the Medicaid agency is an MCO they should not have oversight or power of approval over the Individual's Service Plan and Supports as this constitutes a conflict of interest. A 3rd party State approved agency should provide approval of services and funding or we need to carve out IDD from the MCO control. Appendix C Day Habilitation/Day Services – lists 4 sub- categories of day services. How will this impact services? We do a lot of prevocational skills, training for activities of daily living and volunteering in the community. These activities can be in several categories and are based in the individual's choice. We are not sure how the categories will impact our services. We have one individual that receives day services in his home because of his health. – In reading the new policy we are concerned that his exclusion will need to be reviewed every 6 months. In his case, his medical condition and frailty is not one that will improve where he can attend a day service outside of his home. The requirements of 6 month reviews are extensive. It may be appropriate for individual's whose health conditions improve over time but many in this population are not going to improve in physical conditions and it is excessive to require a review every 6 months.	
60	Other Stakeholder	The following concerns with the proposed I/DD waiver amendment language. The proposed changes, if implemented, would impact individuals negatively, in part, due to narrowly	

Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)

KDADS ADCSP PUBLIC COMMENT MATRIX (v1.1) 7/14/2020

		<p>scripted service definitions that lack the flexibility or the latitude to respond to individual needs and goals related to social determinants of health and independence. Individuals and providers of I/DD services have experienced negative impact to supports of independence with the changes made to Residential Services in October of 2016. As experienced by the narrow scripting of the residential service from 24 hour available care and supports to required face to face care and supports, thereby, encouraging group home placement, discouraging independent living, and growth towards personal goal achievement, employment, and disincentives to transition from group home living to independent community living.</p>	
<p>61</p>	<p>Other Stakeholder</p>	<p>Comments re: IDD Waiver Renewal: First and foremost, this waiver renewal should not be submitted until the new Administration takes office in January. In some instances changes to the waiver are based solely on financial considerations; e.g., enhanced care services. In 1995, the State of Kansas enacted the DDRA (Developmental Disabilities Reform Act). The goal of this law was to provide participants who have I/DD access to services and supports which allow opportunities for choices that increase the participant's independence, productivity, integration and inclusion in the community. The proposed waiver undermines this law. Appendix C. Participant Services Personal Care Services – INDIVIDUAL Why is it necessary for a sibling of a waiver participant to be 18 years of age to be a provider when any 16 year old can be a provider? What is the background and justification for this age restriction? It appears to be an arbitrary limitation. Appendix C. Participant Services Personal Care Services AGENCY PCS worker must be at least 18 years of age, or have at least a high school diploma or GED. Workers who are sibling to the participant receiving PCS services must be at least 18 years old. What is the background for this age restriction? Again, an arbitrary limitation that should be revisited. Appendix C. Participant Services Residential Habilitation "Payments for Residential Supports are not made for room and board, the cost of facility maintenance, upkeep, and improvement other than such costs for modification or adaptations to the facility required to assure the health and safety of individuals or to meet the requirements of the applicable life safety code. " Payment CAN be made for sprinkler systems, etc? "Residential Supports for adults are provided for individuals 18 years of age or older and must occur in a setting, without regard to siblings, where the person does not live with someone who meets the definition of family, and are provided by entities licensed by....." WITHOUT REGARD TO SIBLINGS? That sentence does not make sense. What is intended? Appendix C. Participant Services Service Title: Enhanced Care Service The change to Enhanced Care Services (ECS) from Sleep Cycle Support was a decision made by the administration in an effort to save money (as evidenced by ex-Commissioner Brandt Haehn's comments before the KanCare Oversight Committee on 4/19/2017 wherein he stated "what made sense and reasonable to was to pay 1.5 hours of personal care service for an entire night of care." KDADS current policy as well as this waiver renewal document continues that policy of saving money and forcing persons who live with a disabled individual to provide "free" care in order to save money. Mr. Haehn's comments were in response to the Dept of Labor revised rules on caregiving that state an inhome caregiver must receive at least minimum wage. Prior to this DOL change sleep cycle support paid approximately \$25 per night; after the DOL rule change, it was determined by KDADS that sleep cycle/enhanced care services would be reimbursed at \$80.65 per night. The current rate is \$83.88 which is what the FMS providers receive. After the FMS providers take their cut the rate is \$73.70. Stripping people of their sleep cycle support in order to save a few dollars is a travesty! The ECS policy and this waiver renewal document also take away an individual's right to self direct their care. Participant lives alone and has a severe cognitive impairment, physical disability, or intellectual disability. A participant living alone with a severe cognitive impairment, etc. is tantamount to neglect on someone's part. Enhanced Care Services should be able to be provided by persons that a participant lives with</p>	

Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)

KDADS ADCSP PUBLIC COMMENT MATRIX (V1.1) 7/14/2020

		regardless of geographical location. Geographical location should not be a determining factor. While parts of Kansas are more populated that fact alone does not make finding caregivers any easier; in fact, there are more opportunities for other employment such as Quik Trip, the big box stores, etc. where a person makes considerably more than the approximately \$9.75 per hour dealing with adult hygiene needs, severe behaviors, heavy lifting, etc. To reiterate, this waiver renewal should be postponed until Governor Kelly takes office.	
62	Other Stakeholder	Input concerning the proposed changes to the IDD program. 1. The proposed Personal Care Services service definition is too limited as it limits service to physical functional limitations as assessed by the MCO. 2. Employment supports have been removed from the Day Supports service definition. Please retain. 3. There is an absence of potential MCO conflict of interest protections for the beneficiaries. MCOs benefit (financial gain, etc.) by reducing, delaying or not providing services to individuals. 4. KDADS Conflict of Interest Policy should be consistent with the courts in the state of Kansas and not reinterpret the courts rulings. 5. Capable Persons definition and implementation should be consistent with CMS. 6. MCO's should be required to give individuals a complete plan of care that is readable and understood by the individual (or appropriate persons) served, prior to signing. MCO's should not request signatures of incomplete documents or documents that the individual or appropriate persons do not agree with. Lack of a signature should not be grounds for termination of an individual's HCBS eligibility. 7. If requiring fingerprinting for background checks, then this should be required of all citizens in the State of Kansas because of the same reasoning. This is overkill and does not improve services to the individual served. 8. There are overlapping and confusing plans for the role of care coordinators. Thank you	
63	Other Stakeholder	This letter is in response to the proposed changes to the IDD HCBS Waiver renewal placed online for public comment on 11/1/18. These comments are from the perspective of a Community Developmental Disability Organization (CDDO), Disability Planning Organization of Kansas, Inc. (DPOK), serving as the single point of entry for persons with intellectual and developmental disabilities in nine counties of North-Central Kansas. Appendix B: Participant Access and Eligibility B-3: Number of Individuals Served (3 of 4) f. Selection of Entrants to the Waiver. 1. The IDD Program Eligibility Policy referenced cannot be located on KDADS website for review. When does KDADS anticipate it will be released for review and public comment? 7. The BI Transition Policy referenced cannot be located on KDADS website for review. When does KDADS anticipate it will be released for review and public comment? Appendix B: Participant Access and Eligibility B-6: Evaluation/Reevaluation of Level of Care f. Process for Level of Care/Reevaluation: This section indicates the CDDO or its subcontractor must provide conflict-free determinations meaning they may not also provide direct services or case management to the waiver participant. Does this mean a dual-role CDDO/CSP as outlined in the Developmental Disability Reform Act can continue to provide CDDO functions as long as they substitute another CDDO employee/entity for performance of tasks to people they provide services? What is KDADS plan for implementation of this change? What type of prior written approval is KDADS speaking to in this section? i. Procedures to Ensure Timely Reevaluations. This section notes that the State and/or MCO staff will conduct quality reviews on assessments. Would this not place the MCOs in a conflict of interest/non-compliance with 42 CFR regulation as having oversight of functional assessments completed by CDDOs since the MCOs complete the needs determination/assessment process (determining and authorizing frequency, scope, and type of services)? How does KDADS see this occurring without a conflict including access to a dispute resolution process, corrective action, etc.? Appendix C: Participant Services C-1/C-3: Service Specification Day Habilitation. This appears to be new language requiring a provider to request an exception through the CDDO prior to providing day supports in the home. It also appears to be new	Clarified that no employee of the CDDO or eligibility subcontractor may provide direct services or case management services; Day Supports exception was not changed; subcontractor in the timely reassessments does not refer to MCO.

Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)

KDADS ADCSP PUBLIC COMMENT MATRIX (v1.1) 7/14/2020

		<p>language regarding a template to be completed. Is the MCO involved in this process? If yes, at what step? Appendix D: Participant-Centered Planning and Service Delivery D-1: Service Plan Development This section indicates that people will be provided information about the full range of waiver services by CDDOs and by MCO Care Management staff to ensure impartial assistance of all options available. Kansas Administrative Regulation 30-64-23 Single point of application, determination, and referral spells out the CDDO being responsible for this function. Is KDADS planning changes to Article 64? How does KDADS see both CDDOs and MCOs carrying out this function? How will impartiality be assured by the MCO Care Management staff if they are also tasked with determining the frequency, scope and type of services authorized for individuals? Will people be encouraged by MCOs to select/choose providers that deliver services cheaper and at less frequency whereas CDDOs do not have a direct financial interest in the cost of the plan of care? Thank you for your consideration of our concerns and questions.</p>	
64	Other Stakeholder	<p>Major Changes: Pg. 1: Undated to reflect all services require a CDDO Affiliation – The CDDO’s will follow a State approved standardized affiliation agreement. Rationale: Various requirements for agreements currently create artificial barriers to services. One service that will be most impacted is Assistive Services. --- Appendix B Pg. 40: Conflict free case management – Recommend that State provide detailed language on what provider structures meet the conflict free case management definition. --- Appendix C Services – Day Supports Pg. 51: The requirement for this service that the participant needs to be “fragile or frail to access this service in the residence – Recommend this reverts to previous waiver language which states “medically fragile or frail” to access this service this service in the residence. Rationale: Concern about participant isolation when it is not medically necessary. --- Appendix C Services – Day Supports Pg. 52: This IDD Day service must be approved by the IDD PM in writing. – Recommend language: The MCOs will continue to approve IDD Day Services per the Waiver application and related policies and regulations. Rationale: There are clear guidelines on this service and the proposed process would add administrative burden and a possible delay of services. --- Appendix C Services – Day Supports Pg. 52: “B. Participants eligible for services through the local education authority shall not have access for reimbursement unless they are at least 18 years of age, are graduating from high school before the age of 22 and a transition plan is developed by the transition team that includes a CDDO representative or the CDDOs designee. F. Day supports cannot bill for services that are described in the definition, scope and limitations of Supportive Employment. G. Day Supports are an agency-directed only service.” – Recommended language: B. Identify who approves the exception. Spell out the process for CDDO involvement with transition plans. F. Add clarity where prevocational stops for Day services and then would be considered Supportive Employment. (i.e.) Volunteer work- although both Day Supports and Supportive Employment would provide the same tasks. Supportive Employment does not support volunteer work. G. Please clarify if this is correct. If this is correct, please add language describing the requirements specifically for agency directed in situations where the “program” is participant directed. --- Appendix C Services – Overnight respite Pg. 54: Overnight respite service definition and limitations. – Recommend adding clarifying language that this service is available to children and adults. --- Appendix C Services – PCS Pg. 56: Service Definition (Scope) “..., and consistent with the assessed need in the participant’s Person-Centered Services one-to-one) services provided during times when the participant is not typically sleeping.” – Please clarify this change is intended. If so please note that there will be many community inclusion opportunities and access to service issues. (i.e. Rainbows United camps and the latch key program) as they program staff is not usually 1x1. --- Appendix C Services – PCS Pg. 58: “A participant may have several PCS workers providing him or her care on a variety of days at a variety of times, but a participant may not have more than one assistant providing care at any given time.</p>	<p>Waiver trumps the CDDO contract. Contractual language will be updated to reflect accurate timeframes for re-evaluations. Volunteer work was added to the services allowed under Day Supports. Clarification for Overnight Respite is not necessary. Adding PERS installation would be expanding the service which KDADS is cannot accommodate at this time. Any exceptions for more than one PCS worker at a time must be cleared through the MCO and an exception placed in Authenticare.</p>

KDADS ADCSP PUBLIC COMMENT MATRIX (v1.1) 7/14/2020

65	Other Stakeholder	<p>Appendix C Supported Employment definition Pg. 63: Under limitations, letter b states that “this service cannot be accessed unless the consumer has “applied” for Voc Rehab” – Recommend adding what is considered verification of “applied”. --- Appendix C FMS Pg. 65: “The choice will be presented to the individual initially at the time self-direction is chosen, annually during the creation of his/her Person-Centered Service Plan, or at any time requested by the participant or the individual directing services on behalf of the participant. The MCO is Responsible for documenting the provider chosen by the individual.” – Recommend aligning this language to the PCSP policy. --- Appendix C FMS Pg. 66: Limitations and scope of accessing services while out of State or out of State our out of the Country is not listed here. – Recommend adding language that clearly spells out the situation and duration of when this can be approved. --- Appendix C Assisted Services Pg. 69: Requirement of 2 bids and affiliation – There are areas in the State where 2 affiliated provider bids are not available. Recommend removing this as it will restrict access and decrease independence opportunities for participants.</p>	
66	Provider	<p>**SKIL appreciates the change of direction, increased stakeholder input, and amended plan. The Independent Living movement has for many years advocated for all individuals with disabilities have the right to integrated services in all environments, including integrated employment with competitive wages. This is a very positive move forward to strengthen individuals with disabilities to be real participating citizens in our communities. Pg. 12— KDADS expects these revisions to occur in the following order and timeframe: o Technology Assisted Waiver: Approved August 2013; renewal due August 2018 **We assume that this is supposed to be the I/DD Waiver. Key items to be considered in waiver amendments and renewals include: Perform analysis of current wavier operations and establish goals for waiver revision. Maximizing opportunities for self-direction in accordance with Kansas statutes, specifically K.S.A. 39-7, 100. * *SKIL is pleasantly surprised to see this goal toward maximizing self-direction for Kansans using HCBS. We have long been an advocate for self-direction as a strong piece of our philosophy to empower individuals with disabilities to increase their independence. The strengths and benefits that these individuals receive through self-direction helps them with other opportunities in their lives.</p>	
67	Provider	<p>* *SKIL understands the inherit "responsibility" that the State feels they must find remedies against risk to "protect" people with disabilities, but people with disabilities have the right to dignity of risk just like anyone without a disability. We cannot expect them to ever feel true empowerment of independence if being surrounded by a "protective wall" of policies and procedures. We understand some individuals who may need to be eased into the Final Setting compliance but it is not beneficial to all individuals with disabilities to be "protected". Evaluate current waiver performance measures and associated processes.</p>	
68	Provider	<p>**We understand this process and do not have a problem with it. PG. 65 top of page under FMS Within the self-directed model and Kansas State law, K.S.A. 39-7, 100, participants have the right to make decisions about, direct the provisions of, and control the Personal Care Services received by such individuals including but not limited to selecting, training, managing, paying and dismissing of a direct support worker. The participant is the sole employer of the direct service worker. * *As we stated earlier, the State is interfering with the rights of individuals to be able to selfdirect. We also know that many times when the MCO Care Coordinator is meeting with individuals to get them started on services that the MCO is not really giving the individual to choose their providers. We have had customers relate this to us and with only help from our staff then had to go through the process of changing providers. Again this violates the rights of individuals under K.S.A. 37-100. PG. 65 MCO Responsibilities The FMS KMAP manual and State policy detail the responsibilities of the MCO, in relation to FMS.</p>	
69	Provider	<p>Participants are provided with, at a minimum, the following information about the option to self direct services: the limitation to Personal Service Attendants• the need to select and</p>	

Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)

KDADS ADCSP PUBLIC COMMENT MATRIX (v1.1) 7/14/2020

		enter into an agreement with an enrolled Financial Management Services (FMS) provider; related responsibilities (outlined in E-l-a); potential liabilities related to the non-fulfillment of responsibilities in self-direction; supports provided by the managed care organization (MCO) they have selected; the requirements of personal service attendants; the ability of the participant to choose not to self direct services at any time; and other situations when the MCO may discontinue the participant's participation in the selfdirect option and recommend agency directed services.	
70	Provider	We do not believe the MCOs really understand self-direction so it really does not make sense to have them explain it to participants. It should be explained by peers and community based organizations that live it daily. PG. 122 a. Goals for Participant Direction ** We do not understand why the projection of the number of individuals participating declines at year 3 and then stays at that year. The number of people receiving services in the community should be increasing, especially given the I/DD waiting list. In conclusion we have some real concerns about what has been happening to self-direction of HCBS in KS given all the various changes whittling away at K.S.A. 37-100. Individuals are not always being given choices of providers. The background checks of workers violates the individual's right to select. SKIL hopes that you will take serious consideration to the comments we have provided on the I/DD Waiver Renewal application to slow down and make some changes.	
71	Other Stakeholder	Hello and thank you for your time to be able to comment on the I/DD Wavier Renewal Process. My name is Jennifer Smith, I am the parent, guardian and paid Personal Care Support Staff of two adults with autism that have been receiving services for about 14 years. I also have been advocating for individuals with disabilities since 2002 and was a key advocate for the seven years it took to get the Autism Insurance Bill passed in Kansas.	
72	Other Stakeholder	There is no consistency within the MCO's and any part of the waivers for job skill training and assisting with employment needs, And with your recommendations to cut supportive employment in Day Service programs that could really hurt some individuals as they do not have supports through VR for job placement. This issue really needs to be looked at differently and involve the providers that are providing the services and the individuals and how this is supporting them.	
73	Other Stakeholder	On behalf of the members of InterHab. I'd like to share the following concerns regarding revisions to the HCBS IDD waiver as proposed by the Kansas Department for Aging and Disability Services. InterHab represents 43 community-based organizations that provide services, or arrange for the provision of services to, Kansans with intellectual and developmental disabilities. Our members have expressed a number of questions regarding proposed revisions to the Kansas HCBS IDD waiver, many of which stem from the same overriding concern that the State of Kansas has not adequately explained the resulting impacts that will be experienced by Kansans with IDD.	
74	Other Stakeholder	Public Comment on proposed Changes: 1. Personal Care Services should be accessible to all persons identified in IDD including the socialization and recreation aspects to serve the whole individual not just physical functions. 2. Keep Supportive Home Care. 3. Keep Employment Supports. 4. Both cognitive and physical needs should be recognized in identifying services. 5. Keep TCMs as they best know the systems having dealt with it for many years and know their clients best. MCO care coordinators add a layer of unnecessary work and duplicate the TCMs. MCO Care coordinators assess the participant and also make decisions to limit services and monies spent, This is a blatant conflict of interest. Money is going to the corporations not to the individuals served. 6. Persons being asked to sign incomplete documents and risk losing eligibility. 7. Duplication of multiple person-centered plans continues to be a problem and one official document be developed by the TCM. 8. Service supports need to be offered to individuals living in their homes. 9. A clear independent appeal process needs to be in place. 10. Responsible parties need signed copies of all documents.	

Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)

KDADS ADCSP PUBLIC COMMENT MATRIX (V1.1) 7/14/2020

75	Waiver Participant	please consider keeping this program for my son Cole Kress and many others. my son Cole Kress needs this very important program.	
76	Other Stakeholder	Major Changes pg 1 Updated to reflect all services require a CDDO Affiliation	The CDDO's will follow a State approved standardized affiliation agreement. Rationale: Various requirements for agreements currently create artificial barriers to services. One service that will be most impacted is Assistive Services.
77	Other Stakeholder	Appendix B pg 40 Conflict free case management	Recommend the State provide detailed language on what provider structures meet the conflict free case management definition.
78	Other Stakeholder	Appendix C pg. 51 The requirement for this service that the participant needs to be "fragile or frail "to access this service in the residence.	Recommend this reverts to previous waiver language which states "medically fragile or frail" to access this service in the residence. Rationale: Concern about participant isolation when it is not medically necessary.
79	Other Stakeholder	Appendix C pg. 52 This IDD Day service must be approved by the IDD PM in writing.	Recommend language: The MCO's will continue to approve IDD Day services per the Waiver application and related policies and regulations. Rationale: There are clear guidelines on this service and the proposed process would add administrative burden and a possible delay of services. This refers to the exception, not the authorization of service.
80	Other Stakeholder	Appendix C pg. 52 "B. Participants eligible for services through the local education authority shall not have access for reimbursement unless they are at least 18 years of age, are graduating from high school before the age of 22 and a transition plan is developed by a transition team that includes a CDDO representative or the CDDO's designee. F. Day supports cannot bill for services that are described in the definition, scope and limitations of Supportive Employment. G. Day Supports are an agency-directed only service."	Recommended language: B. Identify who approves the exception. Spell out the process for CDDO involvement with transition plans. F. Add clarity where prevocational stops for Day services and then would be considered Supportive Employment. (i.e.) Volunteer work- although both Day Supports and Supportive Employment would provide the same tasks. Supportive Employment does not support volunteer work. G. Please clarify if this is correct. If this is correct, please add language describing the requirements specifically for agency directed in situations where the "program" is participant directed. KDADS will consider drafting a policy to provide clarification.
81	Other Stakeholder	Appendix C pg. 54 Overnight respite service definition and limitations.	Recommend adding clarifying language that this service is available to children and adults.
82	Other Stakeholder	Appendix C pg. 56 Service Definition (Scope) "... , and consistent with the assessed need in the participant's Person-Centered Services one-to-one) services provided during times when the participant is not typically sleeping. "	Please clarify this change is intended. If so please note that there will be many community inclusion opportunities and access to service issues. (I.e. Rainbows United camps and the latch key program) as the program staff is not usually 1x1. Language is intended. PCS is only authorized as a 1-to-1 services. If not 1-to-1 you are looking at the structure of a Day Program.
83	Other Stakeholder	Appendix C pg. 58 "A participant may have several PCS workers providing him or her care on a variety of days at a variety of times, but a participant may not have more than one assistant providing care at any given time. The State will not make payments for multiple claims filed for the same time on the same dates of service."	Recommendation: Add language related to the exception of a 2 person lift being medically necessary and approved by the MCO.
84	Other Stakeholder	Appendix C pg.58 "Providers must be at least 16 years of age, or at least 18 years of age if a sibling of the waiver participant, unless an exception to this requirement has been granted in writing by the commission, based upon the needs of the participant"	Recommend clarifying this language and/or clarify the exception. Comment does not identify what is not clear about the language

Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)

KDADS ADCSP PUBLIC COMMENT MATRIX (V1.1) 7/14/2020

		“PCS provider workers must be at least 18 years of age, or have at least a high school diploma or GED. Workers who are siblings to the participant receiving PCS services must be at least 18 years old.”	
85	Other Stakeholder	Appendix C Residential pg. 60 “2. Serves no more than two (2) children unrelated to the waiver participant, and; Children’s Residential Supports cannot be provided in a home where more than two participants funded with State or Medicaid Money reside. “	Recommend adding language regarding how the exception process will work. KDADS will consider drafting a policy to provide clarification.
86	Other Stakeholder	Appendix C Residential definitions pg. 61 “Residential Supports cannot be provided in the participant’s family home. This service may be provided in the participant’s own home or apartment, as long as the Residential Provider is licensed by KDADS to provide this service.”	Recommend adding language to include Shared Living.
87	Other Stakeholder	Appendix C Supported Employment definition pg. 63 “Transportation between the participant’s residence and the employment site is included in the rate paid to providers of Supported Employment services.”	Funding can be accessed through State Aid funds via request to the CDDO. Transportation is an approved taxonomy for State Aid. Recommend adding similar language to the Day Supports Service Definition
88	Other Stakeholder	Appendix C Supported Employment definition pg. 63 Under limitations, letter b states that “this service cannot be accessed unless the consumer has “applied” for Voc Rehab”	Recommend adding what is considered verification of “applied”.
89	Other Stakeholder	Appendix C FMS pg. 65 “The choice will be presented to the individual initially at the time self-direction is chosen, annually during the creation of his/her Person-Centered Service Plan, or at any time requested by the participant or the individual directing services on behalf of the participant. The MCO is Responsible for documenting the provider chosen by the individual. “	Recommend aligning this language to the PCSP policy. The State will consider this suggestion
90	Other Stakeholder	Appendix C FMS pg. 66 Limitations and scope of accessing services while out of State or out of the Country is not listed here.	Recommend adding language that clearly spells out the situation and duration of when this can be approved. KDADS will consider drafting a policy to provide clarification.
91	Other Stakeholder	Appendix C Assisted Services pg. 69 Requirement of 2 bids and affiliation	There are areas in the State where 2 affiliated provider bids are not available. Recommend removing this as it will restrict access and decrease independence opportunities for participants. Agreed. Changes made.
92	Other Stakeholder	Appendix C Assisted Services pg. 69 “The contractor must agree to accept full payment from Medicaid”	Recommend changing language to indicate Medicaid is the payer of last resort and that community resources should be explored and utilized prior to billing Medicaid. Recommend adding language on how to handle situations where the MCO approved the medically necessary AS according to the definition and the family wants to pay out of pocket to cover the expense of an upgrade (i.e. linoleum vs tile) that doesn’t meet AS criteria. #1 complete #2 outside the scope of the waiver
93	Other Stakeholder	Appendix C Assisted Services pg. 69 “.Costs associated with needed structural modifications to property owned or operated by providers are considered the responsibility of the provider. The MCO may grant an informed, written exception, but will require the agency to pay for the costs associated with the removal, transfer and re-installation of modifications to the participant’s new home. “	Recommend adding language about limitations and exceptions related to payment for structural damage repair in order for the AS to be installed. Recommend separating out the waiver language in the limitations section (listed to the left) between Provider and Family home (MCO AS).

Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)

KDADS ADCSP PUBLIC COMMENT MATRIX (V1.1) 7/14/2020

94	Other Stakeholder	Appendix C Assistive Service pg. 69 “Communication devices will only be approved when recommended by a speech pathologist”	Recommend adding language “ Device used to include necessary software/application from the speech pathologist” Obtaining items like IPADS will not be possible as apple and other retailers are not going to affiliate with the CDDO.
95	Other Stakeholder	Appendix C Assistive Service (communication devices) pg. 69 “Any property approved for a home modification must be occupied by the participant. The property must be owned by either the participant, or the legally responsible person with whom the participant resides.”	Recommend adding language that provides direction on limitations when the participant is in foster care or a shared custody arrangement.
96	Other Stakeholder	Appendix C ECS pg. 72 “ECS may only be provided in the Members home”	Recommend adding language for other circumstances such as a hotel or other non-residential lodging when traveling or homeless
97	Other Stakeholder	Appendix C PERS pg. 74 Installation is not addressed	Recommend adding language in about providing for the cost of installation. Recommend clarification if this service is allowed in a Residential Setting.
98	Other Stakeholder	Appendix C SMC pg.77 “Specialized Medical Care services are limited to a maximum of twelve hours per day or 1448 units per month. One unit is equal to 15 minutes.”	Recommend adding language to address the exception process when the need is over 12 hours a day. That is an MCO process
99	Other Stakeholder	Appendix C Wellness monitoring pg. 78 “Only one visit by a Registered Nurse, per 60 days, is covered. “	Recommend adding language that addresses the criteria for accessing and maintain this service and that this is consistent across all the waivers.
100	Other Stakeholder	Appendix D pg. 95 Appendix E pg. 115	CRRecommend alignment with the CDDO contract language. Recommended changing language to say. “The MCO’ will follow the waiver language and have documentation supporting the decision.” Language revised

Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)