

**DATE:** Monday, November 15, 2021

**TO:** HCBS Providers  
HCBS Participants  
Managed Care Organizations (MCOs)

- Sunflower Health Plan
- UnitedHealthcare Kansas Community & State
- Aetna

**FROM:** **Amy Penrod**, Commissioner  
Long Term Services & Supports Commission  
Kansas Department for Aging and Disability Services (KDADS)

**Subject:** **Informational Bulletin for HCBS-Enrolled Providers, Managed Care Organizations (MCOs), and Participant: KDADS HCBS Settings Final Rule Ongoing Monitoring**

KDADS announces the project's deadlines to bring the state into compliance prior to the federal deadline.

As required by the HCBS waivers and state rules, individuals receiving services and supports through HCBS are entitled to advance notification regarding actions that may adversely impact program participation and continued eligibility. Such activities would include the provider's inability to comply with the settings rule in advance of the federal compliance deadline set for **March 17, 2023**.

KDADS is clarifying the following actions are scheduled to happen prior to the federal deadline:

- 1. June 1, 2022:**
  - a. All providers and settings are expected to have submitted evidence to the state through the Community Connections KS Project Portal at [communityconnectionsks.org](http://communityconnectionsks.org).
- 2. September 1, 2022:**
  - a. All providers and settings are expected to have received a compliance determination. KDADS will notify all providers and settings of their status by September 1, 2022.
- 3. March 17, 2023**
  - a. All settings in the state of Kansas must be compliant to serve and support individuals through HCBS.

Providers that believe their setting cannot comply or choose not to come with compliance shall be required to participate in the transition process of HCBS participants from their non-compliant settings to compliant settings. KDADS will collaborate with the providers, the MCOs, and all other applicable supports to ensure persons served actively participate in the process or are represented by their guardians/support network to ensure a smooth process and avoid gaps in service delivery.

- Providers choosing not to remediate must ensure that an individual or guardian receives a minimum of **180 days'** notice of its decision to terminate participation as a Waiver provider.
  - The notice must be sent to the participant on or before **September 18, 2022**.
  - Such notice must be issued through certified mail.
- Providers choosing not to remediate or unable to comply with the Rule must work with their MCOs to develop a Transition Plan for HCBS participants/individuals impacted.
  - The Transition Plan must inform the individual or guardian of the costs of services for which the individual or guardian will be responsible, should the individual or guardian choose to continue services from the current provider.
  - The Transition Plan must be provided with adequate time for the individual or guardian to convene a service planning team meeting, make an informed choice, and select an alternate provider compliant with the Rule.
  - The Transition Plan must provide the individual a minimum of thirty (30) days' notice to make the change.
  - Transition plans must be the cumulative effort of the provider, the MCOs, the person-served and both natural and professional supports, and KDADS. This can include feedback from Targeted Case Managers (where applicable), Community Developmental Disability Organizations (CDDO), the KanCare Ombudsman, the MCO Care Coordinator, State Licensing, Quality Review staff, family, community members, and all other forms of natural support.
  - The Transition Plan must reflect the preferences and needs of each participant affected. Choice of all setting types in compliance with the Rule must be offered to individuals and as required for the waiver type. If the participant or guardian is willing to be relocated, such choice shall also include compliant setting types in other parts of the state. The choice of settings provided to the individual must be documented and designate the individual's choice of setting in the person-centered service plan.
  - Every setting that is unable to comply by **September 1, 2022**, must have a person-centered service plan for their participants reflecting the transition to a compliant setting by **March 17, 2023**.

For questions regarding this information bulletin, please contact:

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