Kansas
Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

Comment Period: 7/1/2022 - 8/31/2022 Program: Long Term Services and Supports

BRIEF DESCRIPTION OF DOCUMENT SUBMITTED FOR PUBLIC COMMENT AND COMMENT SUMMARY

KDADS is seeking public comment from stakeholders for the Home and Community Based Services (HCBS) waiver amendments to the Physical Disability (PD), Frail Elderly (FE), Brain Injury (BI), Technology Assistance (TA), and Intellectual/Developmental Disability (IDD) waivers. These waiver amendments are set to be submitted for approval to the Centers for Medicare and Medicaid Services (CMS) in January 2023.

A summary of the comments is as follows:

- The Provisional Plan of Care (PPOC) had comments seeking assurances that it will not substantially alter the systems in places or impede a person's rights.
    - KDADS response: The PPOC does not restrict or impede a person's rights, goal planning, choice etc.

- Two comments related to IDD Day Supports exception due to medical need as well as being able to self-direct Day Supports.
    - KDADS response: Remember, there are no self-directed day supports. Day Supports are a licensed service and would run through the provider, not the family. The 6-month review is to ensure the person requiring the initial exception still needs it. The intent being that individuals are not being granted long term exceptions based on a short-term need (i.e., rehabilitation). KDADS will be unbundling Day Services in 2024 and will look at this process.

- Several concerns were noted around Assistive Services and the approval process by the MCOs.
    - KDADS response: SMES can be used for assistive technology devices. KDADS is working with the MCOs to have a standardized process across all three MCOs to administer each of the unbundled services. KDADS agree that families should not be charged with gathering bids and finding resources for these services.

- Unbundling Assistive Services received many comments and requests for definitional precision.
    - KDADS response: KDADS will work to clarify confusing/conflicting language. Thank you for the suggestions for additional services. Some of these will fall under the eventual service of Specialized Medical Equipment and Supplies. For others KDADS will need to gather further input from stakeholders prior to initiating these services. As you know, KDADS will be renewing the IDD waiver in 2024 and will be seeking stakeholder input as to priorities for services and their potential costs.

- Performance Measures received comments seeking revision and/or greater clarity.
    - KDADS response: KDADS is still working with CMS in this area. These suggestions have been noted.

- Several comments were targeted towards Virtual Delivery of Services and seeking greater clarification and/or providing suggestions on how this service provision could be further enhanced.
    - KDADS response: KDADS Response: KDADS will be developing policy and engaging stakeholders to incorporate best practices around various types of technology etc. and addresses a person's right to choose between virtual delivery of service and in person services or a combination thereof. The use of virtual delivery of services will need oversight and monitoring to ensure they comply with the participants PCSP.

- A number of comments were related to paid family caregivers as a helpful provision but requiring additional guidance.
    - KDADS response: KDADS intends to draft policy and release further guidance on paid family caregiving.

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- A handful of comments were related to how the state counts the number of children in a foster home.
  - KDADS response: Thank you for the suggestion. This is a safeguard to ensure children who often have higher supervisory needs receive adequate attention.

- A couple comments were noted surrounding recent rate increases and agency transparency.
  - KDADS response: Thank you for your comments. KDADS shares concerns around rate/wage transparency and is looking at ways to monitor direct care wages.

- IDD Supported Employment received comments suggesting changes and/or improvements.
  - KDADS response: KDADS will be unbundling day services for the IDD waiver in 2024. This will impact the way Supported Employment is structured and so stakeholder engagement will be sought.

- Comments were received requesting ratio billing for Personal Care Services.
  - KDADS response: Due to the significant fiscal impact and structural changes this would have on the system KDADS is unable to include this change in the amendment at this time. Stakeholder feedback will be sought on this topic for the IDD waiver renewal in 2024.

- Some comments indicated confusion around overtime and how many hours parents are allowed to work in conjunction.
  - KDADS response: KDADS will clarify the language around parents working 40 hours. There are certain Dept. of Labor rules and laws around overtime and minimum wage pay that cannot be circumvented.

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1.	Parent	Who can provide home modifications?	Either a contractor affiliated with a Center for Independent Living (CIL), or a contractor who has a KMAP number and contracts with one of the Managed Care Organizations.
2.	Stakeholder	Are we discussing person to person interaction or AI? The first (virtual service provision) area was in Supported Employment.	KDADS is focusing on person to person. The IDD waiver will be renewed in 2024 and virtual delivery for Supported Employment is one consideration. The state wants to foster independence as much as possible.
3.	Parent	There are so many Self Directed families that would not exclude families and just say if it meets all P&P as outlined by the state.	KDADS will look into the availability of families who are willing to develop the necessary policies and procedures and meet requirements set forth for a family's ability to provide virtual service delivery.
4.	Parent	Can't be used to access emergency assessments. Might want to add to the word "solely" to access emergency services. Example: daughter with G-Tube, able to work with nurse virtually to prevent hospitalization.	KDADS will consider the language change of "solely." Virtual delivery of service does not preclude communications between the caregiver and the guardian.
5.	Stakeholder	Assistive Services should not be confused with Assistive Technology. We have similar provisions in the WORK and STEPS program.	Agreed. Assistive Technology can be a part of Specialized Medical Equipment Services.

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6.	Parent	Provisional Plan of Care -- does the person have to be coded for the waiver?	It cannot be used without a person being coded. The assessor has to ensure the member meets the Level of Care and show the member needs at least 1 identified waiver service. This addresses the gap between needing the service and when the team can meet.
7.	Parent	On pg. 64 of the current IDD Waiver - Day Supports for an exception of medical necessity needing to be provided and updated every 6 months. If we know the person's condition won't change, then for families who self-direct this is an extra burden. Just because a family member has a particular diagnosis does not mean they are going to the doctor all the time. Doctors get irritated when making numerous requests over MyChart.	Remember, there are no self-directed day supports. Day Supports are a licensed service and would run through the provider, not the family. This language has been in the waiver since at least 2014. However, your point is well taken. The 6-month review was to ensure the person requiring the initial exception still needed it. The intent being that individuals are not being granted long term exceptions based on a short-term need (i.e., rehabilitation). KDADS will be unbundling Day Services in 2024 and will look at this process.
8.	Parent	I wear the parent, historian and state worker hat. In 2008 foster families went away from the IDD Residential Rate. Foster families cannot bill for Personal Care Services due to "double dipping." The foster care payments the cover needs the child has for 24/7 support, but the services remain the same regardless, and foster families are experiencing the same staffing crisis as families who self-direct. The Foster care rate is based upon a flat rate and Personal Care Services is based upon individual needs. Foster care pays for washing machine, wall repairs, extra sheets, etc..	Thank you for your comment.
9.	Parent	There are issues with the amount of time it takes to access Assistive Services and other items when needed, like wheelchairs. We should be holding the MCO accountable. I would like to see a 14 day turn around on equipment requests.	This should be a part of, and approved through, the PCSP process. Many families need more guidance. Discharge planning should start the day the person enters rehab.
10.	Parent	We need shorter turn arounds for emergencies for Assistive Services. Sometimes we take a loss before trying to figure out the process.	We will get a standardized process and retrain when services are unbundled.
11.	Parent	Pg. 185 of the IDD Waiver - grievances. It references that after 3 grievances KDADS and KDHE will review. How does this get on KDADS radar? Families also need education on how to complete a grievance. When the MCO's own employees don't know the process, that is a problem.	The three grievances to trigger a review only applies to Fee for Service participants and do not have an MCO. Currently, this would only apply to those who have opted out of KanCare through being a member of an American Indian Tribe.
12.	Stakeholder – K4AD	FE Waiver Policy (M2018-128) does not require a reasonable indicator screening. As a contractor and stakeholder, Southwest Area Agency on Aging has consistently questioned the remediation process. Concerns have been raised about system errors (KAMIS) and process errors, both requiring improvements. KDADS planned to use CARES funds to enhance KAMIS and make appropriate changes, although those modifications have not been made.	FE policy will be updated to reflect a need to collect reasonable indicator info in line with CMS expectations. Thank you for your comment

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		As a contractor and stakeholder, Southwest Area Agency on Aging has consistently questioned the remediation process. Concerns have been raised about system errors (KAMIS) and process errors, both requiring improvements. KDADS planned to use CARES funds to enhance KAMIS and make appropriate changes, although those modifications have not been made.	Comment noted.
13.	Stakeholder – K4AD	The ADRC contractor meets with KDADS and KDHE on a monthly basis to discuss the functions of the ADRC, processes, contract issues, quality reviews, and data. However, KDADS inexplicably holds the ADRC accountable for any performance measure that includes the ADRC in the process, regardless of which entity is at fault. The Quality Review process should review the process and identify the root cause of problems and then attempt to improve performance. Current remediation consistently detects errors with the system of record (KAMIS), and this should be a priority for improvement. Although ADRCs participate in the quality review process each quarter, feedback is not provided that would identify trends the contractor can utilize for training assessors or oversight of the program. It would be highly beneficial for the ADRC contractor to receive a quarterly compilation of data to validate current processes or implement program modifications. The ADRC is part of the HCBS process and participates in the quarterly review process and remediation. However, the ADRC does not receive annual data trending reports to evaluate performance standards and statewide averages.	Thank you for your comment. The State strives to make needed improvements to our systems. K4AD can explain further about the compilation of data they're requesting in the monthly meeting with KDADS. K4AD can explain further about the compilation of data being requested in the monthly meeting with KDADS.
14.	Stakeholder – K4AD	Originally, KAMIS was developed to support aging programs, including the Senior Care Act and Older Americans Act. Upon the implementation of KanCare, KAMIS began supporting managed care programming, although inefficiently. The data system, referred to as the "system of record," provides unreliable data and omits annual reassessment dates, impacting ADRC quality reviews, resulting in a misrepresentation of the ADRC performance. According to CMS, "quality improvement is a critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement." An opportunity for improvement is the appointment and convening of a data processing steering committee with expert internal and external stakeholders to analyze KAMIS system functions, measure performance, and generate reports and dashboards to develop a logical, phased implementation schedule required to maximize the value and performance of a management information system to maintain and report accurate data, including interface capability with other data systems managing Medicaid, and make	As noted before, KAMIS is for Level of Care assessments and KMMS is the system for eligibility. KAMIS is subject to errors by those who enter data into the system. KDADS has identified several input errors that have negatively impacted KAMIS data. Thank you for your suggestion to convene a data process steering committee.

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		recommendations to implement an optimal, functional management information system. Overall, a quality improvement strategy should include developing a system that generates accurate data for effective administration.	
15.	Parent	TA Waiver - Thank you for recognizing the vitally important role parents play everyday in the life of a medically complex kiddo! The addition of a paid parent option for the TA waiver had been a life saver for our family. When my son was born nearly 13 years ago, we had no idea what to expect and quickly realized that it simply was not feasible for both parents to work. My husband is a schoolteacher so I chose to quit working so I could focus on our son's health. When Frankie was 4 months old we were told he would never walk, talk or have any abilities more than an infant and would likely not see his first birthday. I am happy to share that in August we will celebrate his 13th birthday and not only does he walk and talk, he regularly attends school and loves it. He is not only surviving but he is thriving!! We have managed much of this time on one paycheck, but it is very tight. We often do not have any extra at the end of the month for much. 6 years ago, Frankie was offered an opportunity to try an investigational drug to help shrink his tumors. In that time his tumors are down 35%. To get this drug we drive to Cincinnati, Ohio every 6 months. For the first 3 years, we had to make this 12 hour trip every 28 days. As you can imagine the financial strain was significant. We are blessed with good friends and a strong family and church support system. When covid started we let our home health nurse go for both her safety and ours. We have finally been able to hire a nurse to go back to school with Frankie but we had zero nursing support for nearly 2 years. The paid family option has allowed us to continue to provide for our family, all of Frankie's out of pocket medical needs and sometimes a little extra. Recently we were able to use these funds to purchase a (new to us) adaptive trike for Frankie to use at home. As you can see in this picture, he is really enjoying it. We are writing strongly in support of the waiver amendment to allow for a parent pay option. It has been a tremendous benefit for Frankie and our family.	Thank you for your comment.
16.	Stakeholder – DPOK CDDO	The unbundling of Assistive Services into three (3) distinct services -Specialized Medical Equipment and Supplies, Vehicle Modification, and Home Modification. While these services have been present in the waiver and the unbundling may lend itself to a clearer identity to people with disabilities and their families, the issue continues to be that the Managed Care Organizations regularly refuse to prior authorize these types of services. Delays, denials, lack of transparency, and ambiguous language often force waiver participants and their families and service teams to conduct their own exhaustive search for "lower cost options", charitable resources for endless amounts of time, and so on. If the person does not have a service team willing to appeal/fight the Managed Care	SMES can be used for assistive technology devices. KDADS is working with the MCOs to have a standardized process across all three MCOs to administer each of the unbundled services. We agree that families should not be charged with gathering bids and finding resources for these services.

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		Organization, then many times the person and family foregoes even trying to access the service. The conflicting/confusing language found in these new waiver amendments: • "All Assistive Services will be arranged by the MCO chosen by the participant." • "All Assistive Services will be purchased under the participant's or guardian's written authority and paid to the qualified entity as determined by the MCO and will not exceed the prior authorized purchase amount." • "The participant or responsible party must arrange for the purchase." • "Work must not be initiated until approval has been obtained through prior authorization." Additionally, the unbundling waiver amendment language is missing the following types of activities/billable codes: • Assistive Technology Consultation - functional evaluation by provider • Assistive Technology Equipment- cost of the equipment and adjusting it to meet the person's needs • Assistive Technology Service Delivery- monthly cost of a service and monitoring as needed • Assistive Technology Support- education and training beyond initial installation/training and routine service delivery questions and implementation. Includes training for the person's family members or anyone who is otherwise substantially involved in activities being supported by the assistive technology equipment.	Thank you noting the confusing/conflicting language. KDADS will work to clarify. Thank you for the suggestions for additional services. These would have a fiscal impact. KDADS will need to gather further input from stakeholders prior to initiating these services. As you know, KDADS will be renewing the IDD waiver in 2024. We will be seeking stakeholder input as to priorities for services and their potential costs.
17.	Stakeholder – DPOK CDDO	PERFORMANCE MEASURES: The performance measures are mainly *process* measures and do not focus on social determinants of health, independence, preferred lifestyle, and individual choice. We would strongly encourage additional measures that focus on: *• Does the service type, frequency, and scope authorized by the MCO support the person's plan?* *• Has the MCO enhanced or increased the service(s) needed by the person which lend itself to additional training/supports from the provider to aide/assist in an increase of skills?* The amendments also miss performance/data transparency measures around the number of service requests received, percentage approved/denied by service by MCO including reductions or enhancements.	Thank you for these suggestions regarding performance measures. KDADS is still working with CMS in this area. These suggestions have been noted.
18.	Stakeholder – DPOK CDDO	PPOC: We understand this is required by CMS for all people seeking waiver access. In Kansas, we want to assure this does not replace the rights of the person to exercise choice, goal planning, request more than one service, etc.	Thank you. The PPOC does not restrict or impede a person's rights, goal planning, choice etc.
19.	Stakeholder – DPOK CDDO	RESIDENTIAL SERVICES FOR MARRIED COUPLES:	Thank you for the comment.

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		We strongly support the right of persons with intellectual/developmental disabilities to get married and continue to receive the supports necessary to remain in their community.	
20.	Stakeholder – DPOK CDDO	SMC: We strongly support the change to removing the cap on number of units of Specialized Medical Care a person could receive to an individualized, assessed need. However, we recommend safeguards including appeal rights are clearly identified for the person when discrepancies in assessed need are identified by the Managed Care Organizations.	Every participant has a right to appeal any adverse action made by their MCO. Appeal rights outlined in Appendix F of the waiver. A participant is also sent a copy of those rights with any adverse actions made.
21.	Stakeholder – DPOK CDDO	VIRTUAL DELIVERY OF SUPPORTS: Remote supports should promote and assist the person in building self-determination, self-reliance, independence, and confidence which decreases their reliance on paid staff for activities in the home and community. The expanded use of Remote Support systems in Kansas would assist people to rely less on paid staff over time. We do not feel the amended waiver language adding these virtual delivery services is robust enough to really support the needs and decisions of persons with disabilities in Kansas. We would strongly encourage: • Policy and language that supports the person's right to choose, access, and goal planning via assistive technology consultation, evaluation, equipment and necessary modifications, training, and on-going support. • Waiver language that allows the person to receive a combination of remote and in person services as their needs warrant the flexibility to remain in their home/community. • Assistive Technology providers should be required to furnish detailed information about the capabilities of their equipment/systems to uphold the rights of each person served and how each person is able to independently exercise their rights. • Managed Care Organizations should not be allowed to delay prior authorization or purchase of assistive technology once the person completes their evaluation/consultation.	Thank you for your comment. KDADS is developing policy which addresses a person's right to choose between virtual delivery of service and in person services or a combination thereof. KDADS will be engaging stakeholders and revising language through the public comment process.
22.	Stakeholder – DPOK CDDO	PCS IN ASSISTED LIVING: We do not understand the necessity of expanding waiver services into facilities. Why isn't the facility responsible for supporting the person if that is where the person chooses to reside? Why is it necessary to layer on agency-direct PCS services from a home health agency via the Physical Disability Waiver into these facilities? What safeguards are in place to protect the person's right to choose? How does this waiver amendment and service setting meet the requirements of the Settings Final Rule?	A number of waiver participants wish to live in assisted living facilities. This has been an option for some time. KDADS is amending the waiver to allow for assisted living facilities to bill for persons on the PD waiver without needing an exception from KDADS. Regarding the Settings Final Rule, generally these facilities will meet the requirements through policy/procedure to protect people's rights. Those assisted living settings that are connected to a nursing facility must go through the heightened scrutiny process to determine their compliance.
23.	Stakeholder – DPOK CDDO	PAID FAMILY CAREGIVERS: We feel strongly that KDADS must put into place policy and processes that will support each person who does not choose nor want to continue such an arrangement. This is a precarious position to be in when your family is financially dependent on you, and you live	Per Article 64, the CDDO is responsible for all service types and to ensure the person served has choice. The same safeguards apply for this service as any other service. The CDDO's quality assurance process

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		in a setting that meets the definition of family. The State of Kansas must have safeguards to protect people's rights, freedom to choose, etc.	should identify any time a person is not satisfied with their service(s) and offer them choice for alternative service options.
24.	Provider – Lakemary	We would like to propose that the Residential sites' biological children not be included in the census of children served.	Thank you for the suggestion. This is a safeguard to ensure children who often have higher supervisory needs receive adequate attention.
25.	Stakeholder – Butler County CDDO	P 31 – Access to services for children in foster care – Waiver services only allowed if living in a licensed foster home. It would often be beneficial to have waiver services in place for children who transition back to the family/adoptive home to make that transition successful. Exceptions are allowed for transition out of custody, so it's okay for people moving to licensed programs but not for families. P36 – exception requests for children in foster care should come from the home county (versus residential area) for the child. They are responsible for keeping track of the kids and it makes sense for them to manage this too. These kids move too often to leave this up to the residential area.	This is addressed in the current Crisis and Exception Policy #E2016-119, section 3.A.2. The TCM provider for the child in foster care is often affiliated with the CDDO area in which the child currently resides. The placement CDDO is responsible for managing their affiliates providing services for foster children who go on the waiver. They manage the services, and know the service profile of that CDDO placement area, therefore the request should come from the CDDO placement/residential area, and not the area of origin (where the child no longer lives).
26.	Stakeholder – Butler County CDDO	Day Supports: P61 In the second paragraph it states "these waiver services must be provided in person by a licensed community service provider staff", however virtual delivery is noted as an option for day supports. P61 there is a reference to unbundling day supports in May 2020 which has still not happened and isn't included in this amendment. Shouldn't that reference be removed? P62 – what is the Program Service Plan? P64 – it is not feasible to require the CDDO or designee to participate in the IEP process. We have no control or oversight of that process since it is a product of the education system P64 – the exception process for day supports should go through the MCO vs the CDDO since they are the entity that authorizes services. If the person's medical condition(s) that make them eligible for this exception are permanent or not changing/improving after 1 year, why is it necessary to review every 6 months. Is it possible to give a permanent exception?	Thank you. We will address this language. Agreed. We plan to do this with the renewal in 2024. The person-centered service plan developed by the MCO. The designee could also be the person's TCM. This is to ensure that a participant is utilizing any and all available resources (in this case 18-21 programs) that may be available to them before being approved for Day Supports. The 6-month review is to ensure the person requiring the initial exception still needs it. The intent being that individuals are not granted long term exceptions based on a short-term need (i.e., rehabilitation). KDADS will be unbundling Day Services in 2024 and will look at this process.

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27.	Stakeholder – Butler County CDDO	Personal Care Services: P70 Will the allowance for a parent to be the paid caregiver be reviewed annually or is it approved indefinitely? P70 "identified qualifications and training standards in the participants service plan", this is not currently part of the service plan. This is also noted on page 125. P73 Why are you restricting the conversion of day/residential to PCS? This is currently happening and has been in place for years. What are the concerns with allowing this?	It will be reviewed annually through the person-centered planning process as all other services are. Comment noted. This language has been in the waiver for years. Please see the response to comment #39.
28.	Stakeholder – Butler County CDDO	Residential Habilitation: P79 what is the outcome monitoring plan? P80/P81 the criteria/definition of when an exception is needed related to the number of children in a foster home needs to be consistent throughout the waiver and policy(s). Historically this number was based on the children unrelated to the foster family but now the bio/adopted children are included in the numbers. Unfortunately, if that number is "2" that means exceptions for most every placement because most families have their own children.	The use of virtual delivery of services needs to monitor the results of utilizing a service virtually. All services need to be monitored to ensure that they are in compliance with the participants PCSP. This concern has been noted. Further explanation can be found in the response to comment #24.
29.	Stakeholder – Butler County CDDO	Supported Employment: P86 SE must be provided in a place of business or a setting that has been approved by KDADS or compliant with Final Settings, etc. There is not a process of "approval" like this for every job placement, this would create an unreasonable burden on employers and providers.	Thank you for the comment. KDADS will review this language.
30.	Stakeholder – Butler County CDDO	Assistive Services: P93 why is assistive services defined and then also broken out in to the new/separate categories? P93 "arranged by the MCO" noted here, conflicts with the next page. P94 "participant or responsible party must arrange" P93 note about May 2020 changes, shouldn't this be removed?	KDADS still needs to report on Assistive Services until the unbundled services are approved. Thank you. KDADS we will clarify the language to reflect the expectation that the MCOs are responsible for assuring any needed Assistive Services are in place. Noted.
31.	Stakeholder – Butler County CDDO	Enhanced Care Services: P98 why does the age 18 & high school diploma requirement exist here still but not in the other array of in home services?	The only service where someone below the age of 18 is allowed to perform this service is PCS on the IDD waiver. This exception was made many years ago at the urging of stakeholders.

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32.	Stakeholder – Butler County CDDO	Home and Environmental Modification Services: P102 if the $10,000 limit doesn't apply to our waiver why is it included? (also listed under specialized medical equipment and supplies and vehicle modification services) P125 – This statement does not make sense. "Providers of waiver services and professional guardians and conservators shall not be paid to provide waiver services" P142 "participant's case manager will be responsible for coordination of the plan" This conflicts with 306-63-21 (8b) Whenever two or more providers provide services to the same person, the providers shall work together to prepare a single person-centered support plan. Each provider shall be responsible for the preparation and implementation of any portion of the plan relating to its services. The person, the guardian if one has been appointed, a member of the person's support network, or a provider shall take the lead coordination role in preparation of the plan, and a designation of that person or entity shall be noted in the plan. Pg146 references a provider capacity map by CDDO catchment area, I've never seen or heard of this map. It would be helpful if the MCO would provide incentives to help attract new providers as noted here. Also, "providing alternate temporary services while capacity is developed" would be great.	This language may be amended. Agreed. KDADS will look at clarifying this statement. KDADS will look at clarifying this language. The intent is to recognize what is happening in practice but would not disqualify another entity from taking the lead coordination role. Comment noted.
33.	Stakeholder – Butler County CDDO	Another comment I forgot to include in the list I sent is the current allowance for ratio billing for supportive home care/personal assistant services under appendix K. We have several families with more than one child that would prefer to have just one worker and we send children to camps available in Sedgwick County that have historically been able to bill in this manner. It helps with staffing shortages, space needs and it just makes sense.	KDADS will be seeking stakeholder feedback on this topic for the IDD waiver renewal in 2024.
34.	Provider – Goodlife Innovations	Technology-Leveraged Service Models Virtual Support Testimony by Dr. Michael Strouse, GoodLife Innovations, and iLink Technologies We all strive for the GoodLife. A nice home in a good neighborhood. An active and healthy lifestyle with interesting things to do. A close circle of friends. A purpose-filled life. Empowerment and control over our lives. Maybe a dog? Kansas has thousands of people with intellectual, developmental, and age-related disabilities who also want a similar version of a GoodLife. Unfortunately, far too many have had to trade their preferred lifestyle for the care and support they need that isn't delivered in a way that can give them both. The truth is that traditional care and support approaches are intrusive in so many ways. Care models are typically designed to cost-effectively deliver staff 24/7 around	Thank you for the comment. KDADS appreciates the work Goodlife does for those they serve and will reach out for further feedback as work continues towards mutual policy goals.

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		needs that ebb and flow at predictable and unpredictable times. Group homes, assisted living, day programs, and clinics are all examples of congregate models of care where staffing ratios cost-effectively satisfy known and unknown fluctuating needs. Congregate models of care are typically highly structured and require life-changing compromises in daily living routines in return for care. We are all working out how best to cost-effectively provide true individualized care that organically ebbs and flows around people's individual needs in very small homes. In real life, needs unfold at unpredictable and challenging times. Delivering direct support staff to these needs for only one or two people creates very wonky, fractured work schedules for caregivers. This partly explains why we rely excessively upon part-time caregivers nationally and in Kansas (where over 35% to 40% of the I/DD workforce are part-time). Also, as homes and community settings become smaller, support staff must work alone with supervision rarely present to help them learn on the job. This is especially troublesome given that over 50% of the I/DD workforce has been on the job for less than six months. Our nation's high reliance on part-time staff, excessive turnover, chronic vacancy rates of over 20%, and little in-home supervision all increase the number of different and new people involved in care who do not know the person served well. Of course, this increases the chance of care concerns that are often not reported if the person served cannot advocate for themselves. Thus, the trade-off of a good life is made. And while the Final Rule has mandated a national move to smaller homes and community settings, greater choice/self-direction, and inclusive community access, a mandate doesn't solve the "how to do it" problem. More money helps, but that doesn't solve the above challenges either. Until we can solve these issues, a good life for most people with needs (people with I/DD, seniors, and other populations in need) is a mandated vision without a good plan. **GoodLife's Path** Over the last 20 years, GoodLife has quietly built, refined, and packaged a robust neighborhood service model that is leveraged by advanced technologies. The Neighborhood Network (NN) with iLink Technologies organically provides customers (as an amenity of their neighborhood) with in-home and remote support, best-practice care from people they know and trust, and access to professional services such as behavioral and health services—all at the exact moment and place of need. There is nothing quite like the NN, not in Kansas or elsewhere. This is why GoodLife's NN with iLink is nationally recognized as one of our nation's most innovative service models 1, standing as a welcome alternative to congregate care options. Now that we know we must live with an ongoing pandemic, it has become even more important for all populations of need. The NN is leveraged by cutting edge **iLink Technologies** and built from the ground up to	

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		deliver the **right support at the right time** and in ways that **redefine what's possible** for living an enriched, healthy, safe, **independent life.** Best practice support is woven into the fabric of each Neighborhood Network allowing staffing resources and virtual help to organically ebb and flow across homes, 24/7, to meet each resident's scheduled and intermittent care needs "on-demand", empowering **greater independence for a much lower cost**. Staffing support is provided by 95% full time staff who are a combination of Professional Neighbors (who permanently live in the neighborhood) and Direct Support Professionals (working attractive three-day work-weeks). GoodLife's NN works hard to move services closer to the vision of the Final Rule. Here is a link to a 3 minute video overview of the NN: 1 In 2016 the NN was named as the "most innovative service model internationally." by Autism Speaks, and in 2020 it received the Moving Mountains Award presented by ANCOR, NADSP, and The University of Minnesota RTC. **The Policy Challenge** We are legally responsible for ensuring that our care enhances independence and supports inclusive, personal, and safe lifestyles. We are also mandated to deliver care using the least intrusive means possible. We believe that the next generation of care will be HUMAN service models leveraged by technologies that redefine what's possible in achieving enriched lives by organically meeting needs as life unfolds. We also believe that virtual care is a necessary component of a new comprehensive care ecosystem designed to deliver 1) remote and in-person care, 2) supervision and support for direct support staff, and 3) deliver professional health, behavioral, and life coaching services on-demand in ways that ebb and flow around need, 24/7. Without virtual care capabilities woven into the next generation of HUMAN services, we are left with traditional choices for in-person care, which fall short of our vision and are arguably more intrusive. Smart technology can allow remote professionals to see, hear, feel, talk, and act. If remote professionals know a person they support well, they can provide, deploy, supervise, train, and ensure the right help (remote or in-home) is delivered at the right time in small homes and community settings. Technology can be used to create a home environment that is more private and more controlled by persons supported than is possible by delivering constant in-home, just-in-case staffing. Software and sensors can filter out unnecessary intrusions while alerting remote coaches to individual needs that require help. If a stove is on at the wrong time, too hot, or on when no one is home, an alert can be sent directly to the person served, a trusted professional neighbor, or to the iLink iCoach, who can simply turn the stove off remotely. If a client gets out of bed and goes to the bathroom but does not return to bed in 15 minutes (or whatever time is selected by the care team), an alert can be sent requiring someone to check in with the client (remotely and in person). If an exit door	

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		opens too late, an alert can be sent to get eyes on the premises almost immediately. Help pendants, intercom buttons, or automated phones can empower persons served (and support staff) to request (self-direct) help immediately available remotely or in the home in only a few minutes. Cameras can view only allowed areas and can be digitally blocked from any unwanted view. People supported can turn cameras on or off with a single push of a button. Technology allows endless customization of privacy and can increasingly pinpoint when help is needed in personalized ways that cultivate greater independence, privacy, and control. None of this is possible with traditional staffing approaches. In reality, care is intrusive, restrictive, and infringes on privacy. The expectation is that we use the least restrictive strategies we can that can affordably and safely deliver the closest approximation to the preferred lives we want. Just because in-person care was all that could be delivered before technology changed what's possible should not mean that in-person care is somehow exempt from this practical regulatory test. In fact, federal regulations for privacy, least intrusive care, and essential client rights predated the existence of technology as a care option and applied to all care options. COVID 19 certainly did not give a free pass to in-person care, and most would agree that in-person care was/is widely believed to be more intrusive (and less safe) than remote support (given that remote support could meet a need during COVID). The next generation of support will surely be a combination of virtual and in-person services leveraged by an infrastructure of advanced technologies that enhance independence, privacy, and safe care as we move toward the vision of the Final Rule. If we believe in the principle (and requirement) of using the least intrusive and potentially effective approach to care, our choices will not be a blanket decision of in-person support vs. virtual support. Some care needs can be met remotely, and some by in-person care. What is best will depend on the abilities of each person served, each need to be met, and the setting. **The Policy Solution** Kansas needs a single policy that empowers independent, safe, personal lifestyles using the least intrusive and potentially effective means to advance our vision toward the final rule. A policy focused on virtual support alone eliminates this as an option and holds virtual support to a higher standard than traditional approaches to care even when it achieves moving us closer to the Final Rule. Federal requirements for care and client rights pre-date the existence of virtual support and apply equally to all methods of care. We "do" agree that virtual support strategies should clearly have limitations and restrictions, which should be embedded in this policy to the degree that they uniquely apply. Additionally, this policy should specifically reference CMS guidance for the use and placement of cameras. Finally, we should embrace that our HCBS I/DD service funding is	

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		fee-for-service, where documented services, including virtual services (when appropriate), can earn fees for care. We should not, however, prohibit (as is done in the proposed policy) the use of HCBS funding to fund technology, especially if it better delivers care. We don't "prohibit" spending on other indirect agency infrastructure costs needed for care. HCBS funding rates might not include funding to pay for smart home technologies, but that is a different stance than prohibiting funding to be used for this purpose. We don't use that language for other far less important costs that agencies spend their money on, which aren't included in constructing the funding rate. In fact, agencies vary widely in how they spend their funding for delivering services (as evidenced by biennial cost reports). HCBS fee for service funding has never been considered a reimbursement or cost-based model. **Ending Comments** Many of us use remote support technologies and services leveraged by technologies every day to live a better life. We work virtually and travel less using video conferencing technologies with cameras to have human interactions both personally and at work. We self-direct food, meals, goods, and services using advanced technologies and have them delivered virtually anywhere, on our demand. We go to clinics less often, engage in telemedicine more, and even remotely receive counseling. We use technology-leveraged service models to eliminate and reduce activities we don't want to do and redirect our time and resources to pay for the things we want to do more. For many, the pandemic's silver lining has been life balance. If virtual technology and technology-leveraged human services can improve our lives and we prefer them, then isn't this, by definition, less intrusive than other care methods? As we make our own decisions about how to live a better life, shouldn't we want what's now proven possible to help people with greater needs live a better life too? This policy will be incredibly important for the future of I/DD services for the next decade of care. As you know, GoodLife has been developing and using virtual support services since the early 2000s and using iLink Technologies to redesign its services in ways that improve the lives of those we serve and the DSPs who make our mission possible. We are more than willing to help craft a policy that meets the needs for oversight while not negatively impacting our collective ability to move forward with the vision of the Final Rule. Let us know how we can help. In ending, if KDADS resolves to implement a policy solely focused on the use of Virtual Technologies (i.e., this policy), we have already submitted to KDADS our comments and even proposed alternative language. Additional Information is attached:	

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		1. CMS Guidance for use of Cameras 2. Virtual Delivery of Services Draft Policy from KDADS with Comments by Mike Strouse 3. Proposed Re-draft for Virtual Support Regulations previously sent to KDADS	
35.	Provider – ThriveSPC	Thank you for taking off the cap for services. On the paid caregiver, I do think it is needed due to the nurse shortages, and the fact that there are many homes that are just not appropriate to have a nurse in due to environment or family dynamics. I would like to see some parameters in place for those home that have paid caregiver only, maybe have the MCO case manager visits in the home every month to 60 days to see about following dr orders. I do know that there are not a lot of agencies that are willing to do the visits on these homes (wellness monitoring or Intermittent) as we just had a 1:1 with Sunflower Health Plan asking use to do these visits. We had to decline, we do not have it on our license any more for several reasons. I would like to be on a work group for this if needed, and also that I know from experience some clients are just to complex to only have parent assessments. Also on the parent comments made about agencies not sharing the rate increases with nurses, I would like to say that there are probably a few, but please ask who they use for their agency. Then contact those agencies to see if one was indeed given, or if they were already making a larger wage due to an SCA or higher contract in place-sothe nurse was already receiving an increase. I would be happy to have any of those discussions as we shared and increase on all base wages, we have sign on bonuses and increased our PTO packages due to nurse request.	Thank you. Agreed. KDADS intends to draft policy and release further guidance on paid family caregiving. Thank you for the suggestion. KDADS shares this concern and is working on ways to monitor direct care wages.
36.	Provider – ThriveSPC	I was in the public comment meeting today, for some reason the Zoom link would not work, and I did not think it was the venue to defend myself. Yet I wanted to address the comments about agency's not sharing the increase we had with our nurses. Please know that there is nothing we can do about those other agency's and not sharing, but Thrive has passed it on, and thru Amy Campbell our advocate those statistics were shared with the legislators. We shared how much of a wage increase was given, how much we gave for bonuses, in our efforts to help families. We also plan to do this again in September once our numbers are in.	Your transparency regarding wages is appreciated. Thank you.
37.	Stakeholder – Sedgwick County CDDO	IDD Waiver - I wanted to provide additional feedback on the proposed changes to the IDD Waiver. I understand the need and support allowing paid family caregivers; however, some of the reasons paid family caregivers are needed are the same reason the flexibility related to billing PCS in a group setting is so critical. The workforce crisis has made it so difficult to	Due to the significant fiscal impact and structural changes this would have on the system KDADS is unable to include this change in the amendment at this time. Stakeholder feedback will be sought on this topic for the IDD waiver renewal in 2024.

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		attract and retain qualified staff. We regularly have families that have PCS hours that go unfilled because the agency cannot find staff. I've copied the section from Appendix K related to PCS in group settings below. Respectfully, I don't feel this should have to wait for the waiver renewal. I hope KDADS will reconsider and include this in the waiver amendment. *ii X ___ Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.* *[Explanation of changes]* *{Allow Personal Care Services to more than one individual at a time and in a group setting as long as billing time is divided to reflect the amount of time rendered to each individual. Allow Respite to more than one individual at a time and in a group setting as long as billing is divided to reflect the amount of time rendered to each individual.}*	
38.	Provider – Cottonwood	Employment… The SE Services rate falls between tiers 2 & 3 of the Day Services rate, and like these rates, it was not designed to cover the hourly cost of service, which in most cases is two or three times higher. It was designed to be pooled, as provider staff monitor a caseload of SE participants. The Waiver definition does not make this clear, especially after the removal of a bullet point from the list of activities designed to assist individuals in acquiring and maintaining employment, "Ongoing monitoring of the participant's performance on the job", which should be put back. An additional bullet should be added, "A participant's employment schedule is billable whenever support staff is present or available". At least two MCOs now claim that only face-to-face service is billable. If this were the case, then our service would lose almost $20 per hour for that face-to-face time, with nothing to cover maintaining capacity to respond to problems, and Kansas would not be meeting our obligation under the law to cover the cost of SE services. The MCOs have an obvious conflict of interest here. One MCO claims CMS doesn't allow for billing for full employment schedules, but according to Dr. Lisa Mills, Wisconsin, Michigan, Oregon, Colorado, Tennessee, & Alabama, like Kansas, all pay for SE schedules in some form, rather than just direct support hours. These models incentivize providers to help people stay employed for as many hours as possible, with only necessary support.	Thank you for your comment. KDADS will be unbundling day services for the IDD waiver in 2024. This will impact the way Supported Employment is structured and so stakeholder engagement will be sought. Please stay tuned.

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		Kansas claims we want to increase SE services. If we just clarify to everyone the model we have in place, it will happen. We are one of the most successful SE providers in the state, with almost 100 people in this service, however, we could not sustain if only direct support is deemed billable. I would be happy to discuss these concepts with KDADS and help refine them to work for all parties.	
39.	Stakeholder – CDDO of SEK	IDD Waiver - After reviewing the 2023 amendment document, I found that there was language removed from the PCS definition that allows a person to self-direct their Day Supports. 2019 language states: Participants receiving Residential supports cannot also receive PCS as an alternative for the same Residential supports, or any of the other family/individual supports. This does not prevent the conversion of Day Supports to PCS. - pages 68-69 of the current IDD Waiver We currently have 8 individuals that have Residential supports and have converted their Day supports to PCS. Some of them are registered sex offenders and traditional Day supports have not worked for them. This has been a discussion that CDDOs and KDADS have had over past months and KDADS has not provided any direction for CDDOs. I'm confused as to the reason this change is being made without further discussion and explanation. This change will cause major disruptions to the 8 individuals in our area.	Thank you. KDADS will revert the language back to the 2019 waiver and review this specific topic during the renewal process for the IDD waiver in 2024.
40.	Stakeholder – Cottonwood CDDO	IDD Waiver - In the 2023 amendment document, KDADS removed language from the 2019 IDD Waiver document definition of Personal Care Services that allows for individuals in adult Residential to self-direct their Day Supports Participants receiving Residential supports cannot also receive PCS as an alternative for the same Residential supports, or any of the other family/individual supports. <u>This does not prevent the conversion of Day Supports to PCS.</u> - pages 68-69 of the current IDD Waiver We have 1 consumer in our CDDO area who has utilized this option since 2015 and I do not understand why KDADS is choosing to take this option away now. Particularly since CDDOs have raised concerns with KDADS over the past year upon hearing some individuals were being denied the ability to use this option, when it has historically been allowable under the IDD Waiver document definitions and KMAP provider manual definitions.	Please see the response to comment #39 above.

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41.	Parent	IDD - Waiver Thank you for having waivers that help our children to have their needs met and to reach their full potential. We have adopted several special needs children that will need lifelong care in our home. I want to share how each has benefitted and how some of the changes might affect our children. The waivers have allowed me to be available 24/7 and 365 days a year. Taylor is twenty three years old. We adopted Taylor at fifteen years old. She was on the IDD waiver before coming to us and has continued to this day. Her challenges are many with intellectual concerns and will always be our forever child needing constant supervision and care. We had a couple helpers that came out to work her personal care attendant hours, after we first adopted her but no one was consistent. The PCAs didn't feel the pay was worth the long drive to our rural area and especially dealing with dirt roads. We eventually just didn't have anyone to work her hours. Ricky was eight when we adopted him, he is now fourteen. After we adopted Ricky we again couldn't find anyone to help with his care hours either, so at this time we ended up having to try to function by Dad missing hours of work to help, especially for the many surgeries and medical appointments. It was after adopting Ricky we received a call from Helpers Inc. asking why we weren't using any of Ricky's hours. I informed them we just couldn't find the personal care attendants even with advertising and everything. We were then informed that there was an exception, we could self-direct and we could work the hours. What has this meant for us over the years? It means we have been able to meet our children's needs, to be available 24/7. I began working Ricky and Taylor's hours as their parent. This has allowed the people that know them best to care for them. It allows their dad to also take time off to be a help (not paid) but the amount I was receiving didn't make us stress about how he could take the time off. Under the new proposed plan I see that there is a plan to allow any parent without exception to work hours which is wonderful. The part that makes no sense is that the limit between two parents is 40 hours total. Basically 20 hours each or whatever combination that equals 40 hours and that is regardless of a family having more than one child on a waiver, 40 hours total. When you can't find personal care attendants then any of the service hours a child has over that are basically just lost. I can understand we don't want people taking advantage of the programs but this new plan will again make it difficult for families and especially those in rural areas of Kansas. There are NO agencies out here providing services; we are truly on our own.	Thank you for your feedback. KDADS will clarify the language around parents working 40 hours. There are certain Dept. of Labor rules and laws around overtime and minimum wage pay that cannot be circumvented.

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		I can see not allowing overtime or having an exception like what we have had during covid where any hours over the 40 are only paid at regular rate. Also, both parents should be allowed to work 40 hours, as many of we parents, tag team to meet all of our children's needs. I also know each child is considered an employer with their own identifying employer ID number. To limit the two parents to 40 hours together, regardless of whether they have more than one child on the waiver, I really don't understand. A person could work two jobs and each child is their own individual employer. We could hire a random PCA and have them work for both our children on waivers and put up to 40 hours towards each child if our children have that many service hours. But, parents can't! If a child has service hours based off on their needs then our hopes are always that the hours are worked, whether by a parent or another PCA. Here is the truth, "No one is getting rich caring for their children with unique special needs!" The waivers have allowed children to be cared for by those that know them best and love them. Any amount paid to parent's filters into the family, to even take better care of the child/children that have waivers. I don't think anyone realizes the financial cost, the many hours each week working with a child, the time on the phone advocating for our child's needs, the hours driving to appointments, the constant concern of keeping our children alive and the list of many other things that go into meeting each unique child's needs. Please reconsider the portion of the proposed changes about hours a parent can work and whether there are more than one child in the family on a waiver and please give considerable consideration to exceptions for those of us in rural Kansas that already have such limited resources for our special needs children on waivers. Our only other option will be to request a single case agreement for a higher wage so that we can hopefully find other PCA to fulfill our children's service hours. Thank you, Ronald and Stacy Crow Copied from IDD proposed Waiver Amendment In addition to the above: Application for 1915(c) HCBS Waiver: Draft KS.008.06.04 - Jan 01, 2023 PAGE 126 pf 275 • a parent, or parents in combination, or a spouse, may not provide more than 40 hours of services in a weekly work period. For parents, 40 hours is the total amount regardless of the number of children who receive services. • the parents and spouses must utilize the EVV system for hours paid; • married enrollees must be offered a choice of providers. If they choose a spouse as their care provider, it must be documented in the Person-Centered Service Plan	

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42.	Stakeholder – Big Tent Coalition	The Big Tent Coalition is the largest and longest-running cross-age, cross-disability coalition of disability and senior service organizations and advocates in Kansas. Collectively, our members serve and advocate for hundreds of thousands of seniors and people with disabilities. The Big Tent is writing to explain its concerns about serious problems in the I/DD Waiver Renewal Application regarding Employment Supports. We are asking that KDADS take these concerns into consideration and actively work with the Big Tent to address these concerns. Specifically, the Big Tent Coalition is requesting a meeting with KDADS to discuss these serious concerns. The Big Tent members cc'ed on the email are appointed by the Big Tent to work with KDADS on this issue. We are asking that KDADS reach out to Rocky Nichols, who can bring the other members of the Big Tent Committee together to have a meeting with KDADS about these concerns. The following statements found in the I/DD Waiver Renewal Application represent an on-going issue that has yet to be given adequate attention. The reduction of access to services for individuals that self-direct should not be taken lightly. KDADS submitted the following information to address major waiver changes: "Day Supports limitations have been added to exclude provider billing for services that are described in the Supported Employment services definition, scope and limitations…. Kansas began a new stakeholder engagement process in summer 2019 to enhance several HCBS waiver programs, including the I/DD waiver. The stakeholder re-engagement period will focus on improving waiver service delivery, ensuring waiver participant freedom of choice, and supporting community inclusion. Changes to the waivers resulting from the stakeholder re-engagement process will be implemented via forthcoming amendments." Application for 1915(c) HCBS Waiver: KS.0224.R06.00 - Jul 01, 2019, pg. 2. 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 and undermines self-direction. At the time this change was made, the Self Advocate Coalition of Kansas was concerned with the impact this change would have on individuals with I/DD wanting to seek integrated, competitive employment. Due to another waiver issue (change	KDADS is willing to meet with the parties mentioned to discuss these concerns and receive clarification on what the Big Tent Coalition envisions. As stated above, KDADS is willing to meet with the Big Tent Coalition. That said, Supported Employment is a licensed service as it always has been. PCS is allowed to be provided to support a person on the job. Please see the PCS policy #E2021-115 posted on the KDADS website.

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		in the Protected Income Limit), SACK agreed to withhold formal disagreement in order to facilitate the PIL change that would impact all HCBS Waivers. SACK was assured that our concerns would be addressed in subsequent amendments. The Big Tent Coalition joins SACK in these concerns. To date, our concern stands unaddressed. As an Employment 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 opportunities instead of restricting an 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 the 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. Creating restrictions on the type of service providers and ability of participants to receive employment and education supports presents barriers to the ability of persons with disabilities to develop job skills and obtain employment. The Big Tent Coalition looks forward to meeting with KDADS to discuss these concerns in more detail and to work proactively on a resolution. Please contact Rocky Nichols, 785-806-5777 and rocky@drckansas.org, to set up a meeting to discuss these concerns with the Big Tent Coalition. Thank you.	Thank you. Successful integrated employment requires a multi-pronged approach. KDADS encourages stakeholder input for the 2024 IDD waiver renewal on this topic.
43.	Stakeholder – Interhab	For more than 50 years, InterHab has been working to improve the lives of Kansans with intellectual and developmental disabilities (IDD) as an association of community-based disability support providers. We appreciate KDADS' efforts to address a number of areas in the HCBS Waivers with language changes and the opportunity to provide feedback. Although we appreciate the efforts of KDADS staff to engage in ongoing discussion of operational and administrative system issues, many of the system gaps and barriers we often must spend so much time on is directly related to language that is conflicting and often difficult to follow during person-centered planning meetings. This confusion over waiver language and misinformation or lack of information from MCO care coordinators frequently results in access issues and inappropriate denials of services like Assistive Technology.	Comment noted. Comment noted.

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		It should be noted InterHab and our members did not participate in the drafting of the proposed amendment language for this comment period. Certain items are quite new to us while others are familiar. For some of the proposed language (Provisional Plan of Care, Standardized Performance Measures, Residential Services for Married Couples, etc.), we were able to review and participate in a public comment period that was held over a year ago in November of 2020. The draft amendment language that allows for paid caregivers is also not really new as it was discussed with us as part of the COVID response and Appendix K. We have more feedback on these provisions toward the bottom of this letter. Two important items that were not discussed in much detail with us prior to the unveiling of this amendment draft are: 1. Unbundled Assistive Services, and 2. the addition of Virtual Delivery of Services as part of Residential Services, agency-directed PCS, and Therapy Services. We wish to give feedback that we believe will help with implementation of service changes and help us set goals for system improvement in the near future. The full list of the proposed amendment covers the following: • Unbundles Assistive Services • Addition of Virtual Delivery of Services as part of Residential Services, agency-directed PCS, and Therapy Services • Standardizes Performance Measures • Requires a Provisional Plan of Care • Authorizes Residential Services for Married Couples • Amends Specialized Medical Care (SMC) • Allow for PCS (Personal Care Services) to be delivered in Assisted Living and Home Plus Settings for the Physical Disability Waiver • Allows for Paid Family Caregivers for PCS, for the TA, FE, BI, IDD, PD Waivers Person-Centered Planning Teams & Coordinating Activities by the MCOs Before commenting on new language, it is important to note that KanCare and the managed care organizations (MCOs) have had a history of failing to support or provide person-centered planning. MCO care coordinators are often perceived as having sole authority over the process and then either inappropriately deny services or simply fail to	Comment noted. Thank you. That is an intention of KDADS; public comments provide valuable feedback on these efforts.

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		adequately inform participants about benefits. We wish to state strongly that KDADS should write waiver language in a way so that it is easily understood by case managers and by participants themselves so that they do not have to rely on information or direction from MCO staff.	
		In a January 2017 letter, the Centers for Medicaid Services (CMS) said there were substantial failures in the state's ability to oversee the MCOs and ensure that individuals are actually receiving care. CMS also stated that the MCOs "largely fail" to provide the person-centered planning "that is a central feature of KanCare". Similar concerns have been found in complaints from participants, their families, and providers consistently throughout the life of the KanCare program.	Comment noted.
		Instead of addressing systemic failings in KanCare, even more "coordinating responsibility" was shifted to the MCOs without sufficient oversight or safeguards for beneficiaries. And when the pandemic began in the Spring of 2020, many participants impacted by the pandemic were completely out of contact their MCO care coordinators for a period of around 60 days or more. These participants in the IDD waiver program were able to rely on the Community Developmental Disability Organizations (CDDOs) and the community-based Targeted Case Managers (TCMs) who affiliate with the CDDOs for the person-centered planning assistance they needed. The pandemic response highlighted how important the CDDOs and TCMs are to the safety, health, and welfare of IDD waiver participants under KanCare.	Comment noted.
		Perhaps exemplifying the concerns raised by CMS' 2017 letter, the Kansas Medicaid Inspector General findings in a performance audit released in April of 2022 (Report No. 22-04) found evidence of many millions of dollars in overpayments in KanCare, specifically within HCBS programs. Important oversight measures were not in place or at least not sufficient to ensure that people on HCBS waivers are actually receiving care.	Comment noted.
		Our Single State Medicaid Agency responded to the audit findings by stating that the managed care companies did not follow "contractual requirements" that would have required them to report when someone is no longer receiving services. Without accountability safeguards, KDHE-HCF cannot properly "balance sound management practices" against the "full-risk nature" of the MCO contracts. To state the concern succinctly, the MCOs are allowed to keep dollars they receive on a PMPM basis even when they inappropriately deny services and even for individuals they may have kicked off HCBS programs entirely.	Comment noted.

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		The Medicaid Inspector General report concluded that the "number and types of findings identified during the audit indicate control weaknesses which could place Kansas waivers at risk". Based on the report and personal experiences, one thing that is clear to us is that lack of accountability and poor performance in the KanCare program regularly pits the rights of Kansans with disabilities against sophisticated profit seeking strategies of large private insurance companies and the State of Kansas' desire to control budgets that have been appropriated by the state legislature.	Comment noted.
44.	Stakeholder – Interhab	Assistive Technology Old Service Definition. We were verbally informed in response to our question at the 'KDADS Waiver Amendment Public Comment Session' held on Tuesday, July 19th, that the current language which now serves as a definition for Assistive Services found in the HCBS IDD Waiver will be "time limited" and (presumably) removed from the waiver upon CMS' approval and KDADS' implementation of new language. We were told that it is necessary for KDADS to keep the old language in the definition until the end of this calendar year for 'budget and reporting purposes'. We are not clear if KDADS plans to adopt new language for the Assistive Services definition or remove it entirely. At the Public Comment Session on July 19th, we noted that the old service definition should be removed and rewritten to reflect best practice. The current service definition contains language that prevents access and is unclear to the point of being unusable for person-centered planning teams who need to be able to make informed decisions. Examples of conflicting/confusing language in the current Assistive Services definition: "All Assistive Services will be arranged by the MCO chosen by the participant." "All Assistive services will be purchased under the participant's or guardian's written authority and paid to the qualified entity as determined by the MCO and will not exceed the prior authorized purchase amount." "The participant or responsible party must arrange for the purchase." "Work must not be initiated until approval has been obtained through prior authorization." MCO care coordinators regularly refuse to prior authorize Assistive Services like Durable Medical Equipment (DME) for reasons that are not always made clear to the participants or their person-centered planning teams. Delays/denials of service, lack of information, and unclear guidelines often force waiver participants and their families to conduct their own exhaustive searches for "lower cost options" that the MCO's will agree to approve.	KDADS will be adopting the three new unbundled services when CMS approves with a target date of January, 1, 2023. Thank you. This concern is noted. KDADS agrees that language should be amended regarding the participant or responsible party needing to arrange for the purchase. However, this change will not be approved any sooner than when the services become unbundled. KDADS intends to work with the MCOs and stakeholders to standardize the way this process works across all waivers and have it be a part of the PCSP development; this includes details as to how the service will be obtained and rendered. KDADS agrees that families should not have the

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		They are also pushed to search for charitable resources to pay for DME and other assistive technology for interminable amounts of time. After long delays, participants often give up trying to access the service. They risk their health and limit their treatment options by relying on worn out equipment or by forgoing the use of devices that would be rehabilitative for them. Many of the personal stories from consumers and families reference verbal denials from MCO care coordinators that seem to conflict with benefits/limitations language in the current provider manuals. KDADS should strengthen Assistive Services language in the Waiver KDADS should adopt language for Assistive Services that is similar to Technology First states and eliminate language that is conflicting/confusing in the current Assistive Services service definition. As described in waiver supporting documents from several Technology First states (ex. Missouri, Ohio, Minnesota, etc.), Assistive Technology is any device or technology that helps a person with a disability to live as independently as possible. It includes simple low-tech products such as a visual aid or a reaching device. It also includes electronic devices and systems such as automatic door openers, medication dispensing devices, home automation systems, visual doorbells, touch-screen communication devices, cell phone applications, augmentative speech devices, and many more products and systems. These states have detailed language in their service definitions that clearly defines content of service, contains clear guidelines for establishing medically necessity, and simple processes to obtain the item at a reasonable cost. The waivers for these states set a defined content of service for Assistive Technology that includes: 1. “Assistive technology consultation” – functional evaluation by AT providers. 2. “Assistive technology equipment” – cost of the equipment and adjusting it to meet the individual’s needs. 3. “Assistive technology service delivery” – monthly cost of a service and monitoring as needed. 4. “Assistive technology support” – education and training beyond initial installation/training and routine service delivery questions and implementation. Includes training for the individual's family members or anyone who are otherwise substantially involved in activities being supported by the assistive technology equipment. One set of issues that would be improved through adoption of these provisions are ‘quality standards’ for AT providers. Technology First states use language to require AT providers	expectation of getting their own bids and that this should be an MCO responsibility. Thank you. This is an extensive list of Assistive Technology services. Many of these suggestions will fall under the eventual service of Specialized Medical Equipment and Supplies. KDADS welcomes the opportunity to discuss further clarification to this definition and is also working on developing policy in this area.

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		to ensure that the DME and other Assistive Technology they market to waiver participants will be able to meet a specified need (amount, duration, and scope) as recommended by a physical or occupational therapist. Currently in Kansas, there are potentially no limits on who can be an AT provider and insufficient safeguards for waiver participants to ensure their individualized budgets are used to their full benefit. At a minimum, all AT providers should be required to affiliate with CDDOs and agree to meet their Quality Assurance standards.	
45.	Stakeholder – Interhab	Remote Support Systems vs Virtual Delivery of Services Assistive Technology includes Remote Support Systems that can make use of sensors or webcams in the person's home to detect a person's movement, alert remote staff to concerns in the home, and track health indicators while providing access to remote staff through phone or computer. Remote supports promote individuals to build self-determination, self-reliance, independence, and confidence which decreases their reliance on paid staff for activities in the home and community. The expanded use of Remote Support Systems in Kansas would help people with IDD to rely less on personal care services provided by staff. Staff responsibilities may include some direct support but may also be reallocated to respond to alerts, teach skills, and serve more people. Ideally, staff will be directed away from 'doing for' people, and toward enabling individuals to take ownership of things they can do on their own with the support of technology. We understand that the language that has been proposed for Virtual Delivery of Services is intended to allow for expanded use of Telehealth strategies (now implemented under Appendix K) as well as expanded use of some of the Remote Support System strategies that have become popular in the Technology First states. However, we do not feel as though the 'Virtual Delivery of Services' language is robust enough to really support decisions by person-centered planning teams or support the best use of services. • To support expanded and appropriate use of Remote Support Systems, KDADS should develop policies to support person-centered planning teams for every aspect of Assistive Services i.e. AT Consultation, AT Equipment, AT Delivery, and AT Support. • KDADS should adopt a list of considerations (see Attachment A of this letter) for person-centered planning teams to use when utilizing Assistive Services for Remote Support Systems. This list should include considerations for 1. Safety and Home Skills, 2. Medical considerations, 3. Behavioral Supports, and 4. Community Skills. We have attached a list	Thank you for these best practice suggestions. KDADS will consider how these could be incorporated into the waiver and subsequent policy. Thank you for the list of questions and considerations as policy gets developed in this area.

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		of questions/considerations for each of these headings that we suggest should be used by every person-centered planning team. • AT providers in the state should be required to furnish detailed information about the capability of their equipment/systems to meet the needs represented by these considerations and keep them on file with each CDDO they affiliate with. All AT providers should be required to affiliate with the CDDO in each catchment area they provide services in. • MCO care coordinators who participate in person-centered planning should be required to be knowledgeable of this list of considerations and be prepared with their own recommendations to the person-centered planning team. If MCO care coordinators are not prepared to make recommendations by the time of the meeting, they should not be allowed to delay prior authorization or delay purchase of Assistive Technology.	KDADS will take this under advisement for KMAP enrollment as an SMES provider. All providers who provide services in the IDD service system must affiliate with the CDDO area in which they operate. Thank you for your comment. KDADS agrees that everyone on the Person-Centered Planning team needs to be fully apprised of all services authorized on the plan and how those services impact the waiver participant.
46.	Stakeholder – Interhab	Additional feedback after the listening sessions: 1. When unbundling Assistive Services, KDADS should proportion budget estimates based on actual utilization costs relative to the number of participants who are potentially eligible. After comparing budget neutrality estimates between Kansas, Missouri, Ohio, and a few other states, it appears to us that Kansas has planned to serve a fewer number of participants with Assistive Services but has a higher estimated cost per unit and seems to estimate a similar overall level of spending on the service. Given anecdotal information that Assistive Services is underutilized in Kansas, we believe it is appropriate for KDADS to give a breakdown of past utilization and a rationale for current and future estimates. I.e., Past utilization: 1. Service utilization under each Assistive Service code for every 6-month period since January 2018, 2. Per Managed Care Organization, 3. Adults > or equal to 21 years, 4. Children < 21 years, 5. By county. 2. Person-Centered Planning outcomes have not been easy to define in Kansas or nationally. These performance measures are mainly process measures. Effectively measuring outcomes like independence, preferred lifestyle, and individual choice as well as medical, age-related, and behavioral health goals will require more systemic information to be useful in making future improvements to the waiver program. 3. We understand that the Provisional Plan of Care will replace the Choice document (Form IDD-1) to determine the start date for HCBS. It is not explicit in the proposed amendment materials, but we also understand that under Federal rules the provisional plan of care is only in place for up to 60 days before a new plan for services must be developed with the Person-Centered Planning team coordinated by an IDD Targeted Case	KDADS will share with the Program Evaluation team. Thank you for your suggestion. Thank you. The Provisional Plan of Care is required in order to cover the gap between when HCBS officially starts, to when a participant has a team in place to complete the PCSP process. The PPOC will not change the role of the Targeted Case Manager or CDDO. KDADS will be formalizing this process in policy. Additionally, participants who meet the IDD Level of

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		Manager, which is also required by state law. Lastly, it is also not clear if the State of Kansas will continue to follow requirements in state law to formally offer choice of either HCBS or ICF placement to eligible individuals, which we feel would necessitate a public education effort at a minimum if this change is made. We will look forward to seeing finalized policy draft language that clarifies limits of the provisional plan of care for service development and respects the role of Targeted Case Management TCM) as well as the role of our Community Developmental Disability Organizations (CDDOs) regarding Assessment of Eligibility, Choice, and Quality Assurance. 4. The proposed amendment for Specialized Medical Care is detailed and includes a few clarifications that may help this service meet the needs of more participants in the future. However, it is not completely clear how the MCO would ensure that "the needs of the participant are being met". The recent crisis over COVID has been a good reminder that participants often need very individualized support planning and daily health monitoring that MCO staff would have difficulty managing, especially in the event of a health crisis that may necessitate an increase in this kind of service.	Care requirements will still be offered choice between ICF and HCBS funding. Agreed. Thank you for this comment.
47.	Stakeholder - KACIL	On behalf of the Kansas Association of Centers for Independent Living, Inc. (KACIL), thank you for accepting feedback on the waiver amendments after the public comment period closed. We just became aware of the proposed language that limits parents and spouses to providing 40 hours of paid services per week as it wasn't included in the "Purpose of Amendment" nor indicated as a significant change as a part of the public comment sessions. Again, we appreciate the opportunity to share our thoughts. During a time of critical worker shortage these significant changes will have a negative impact on consumers' health, safety, and wellbeing. Many of the family members are currently working because there are no reliable workers available. Additionally, these amendments are contrary to supporting consumer choice afforded through self-directed services and their empowerment as the sole employer of their DSWs. These amendments potentially position the State of Kansas to be considered as the employer of the DSWs by significantly defining terms of employment. Most importantly, parents and spouses are often the most qualified, available, and willing persons to provide the services. The limits of the service plans and other program policies that are already in-place provide adequate guardrails. Creating this policy will undoubtedly create the need for yet another exception process that will force more policy creation and additional layers of bureaucracy and oversight.	Thank you for your comments. This language will be amended.

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		Self-directing consumers as the sole employer are responsible for scheduling decisions. Please remove this language or consider other means. For your convenience, here is a summary of the language of concern and where it is located in the proposed waiver amendments: **PD Waiver** 1. Draft Waiver Amendment - https://kdads.ks.gov/docs/librariesprovider17/ltss/public-comments/draft-waiver-amendments/pd-waiver-amendment-2023.pdf?sfvrsn=965a3d3a_3 a. Location of parent/spouse language: Page 56, Appendix C, Section C1-C3 b. Language excerpt: *Additionally: •a parent, or parents in combination, or a spouse, shall not provide more than 40 hours of services in a weekly work period. For parents, 40 hours is the total amount regardless of the number of children who receive services. •parents and spouses must utilize the EVV system for hours paid; •married participants must be offered a choice of providers. If they choose a spouse as their care provider, it must be documented in the Service* *Plan. The Service Plan must state that the relative is the best available appropriate direct service worker for the person using services.* **BI Waiver** 1. Draft Waiver Amendment - https://kdads.ks.gov/docs/librariesprovider17/ltss/public-comments/draft-waiver-amendments/bi-waiver-amendment-2023.pdf?sfvrsn=3593ad54_3 a. Location of parent/spouse language: Page 59, Appendix C, Section C1-C3 b. Language excerpt: *Additionally: •a parent, or parents in combination, or a spouse, shall not provide more than 40 hours of services in a weekly work period. For parents, 40 hours is the total amount regardless of the number of children who receive services. •parents and spouses must utilize the EVV system for hours paid; •married participants must be offered a choice of providers. If they choose a spouse as their care provider, it must be documented in the Service Plan. The Service Plan must state that the relative is the best available appropriate direct service worker for the person using services.* **FE Waiver** 1. Draft Waiver Amendment - https://kdads.ks.gov/docs/librariesprovider17/ltss/public-comments/draft-waiver-amendments/fe-waiver-amendment-2023.pdf?sfvrsn=838ca058_3 a. Location of parent/spouse language: Page 85, Appendix C, Section C1-C3	

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		b. Language excerpt: *Additionally: •a parent, or parents in combination, or a spouse, shall not provide more than 40 hours of services in a weekly work period. For parents, 40 hours is the total amount regardless of the number of children who receive services. •parents and spouses must utilize the EVV system for hours paid; •married participants must be offered a choice of providers. If they choose a spouse as their care provider, it must be documented in the Service Plan. The Service Plan must state that the relative is the best available appropriate direct service worker for the person using services.* **IDD Waiver** 1. Draft Waiver Amendment - https://kdads.ks.gov/docs/librariesprovider17/ltss/public-comments/draft-waiver-amendments/idd-waiver-amendment-2023.pdf?sfvrsn=6383c767_3 a. Location of parent/spouse language: Page 70, Appendix C, Section C1-C3 b. Language excerpt: *Additionally: •a parent, or parents in combination, or a spouse, shall not provide more than 40 hours of services in a weekly work period. For parents, 40 hours is the total amount regardless of the number of children who receive services. •parents and spouses must utilize the EVV system for hours paid; •married participants must be offered a choice of providers. If they choose a spouse as their care provider, it must be documented in the Service Plan. The Service Plan must state that the relative is the best available appropriate direct service worker for the person using services.* **TA Waiver** 1. Draft Waiver Amendment - https://kdads.ks.gov/docs/librariesprovider17/ltss/public-comments/draft-waiver-amendments/ta-waiver-amendment-2023.pdf?sfvrsn=9106dfad_3 a. Location of parent/spouse language: Page 54, Appendix C, Section C1-C3 b. Language excerpt: *Additionally: •a parent, or parents in combination, or a spouse, shall not provide more than 40 hours of services in a weekly work period. For parents, 40 hours is the total amount regardless of the number of children who receive services. •parents and spouses must utilize the EVV system for hours paid; •married participants must be offered a choice of providers. If they choose a spouse as their care provider, it must be documented in the Service Plan. The Service Plan must state that the relative is the best available appropriate direct service worker for the person using services.*	
48.	Provider – Life Patterns, Inc.	I believe the verbiage of "parent, or parents in combination, or a spouse , shall not provide more than 40 hours of services in a weekly work period. For parents, 40 hours is the total amount regardless of the number of children who receive services." Should not be in the waiver(s) at all as there are instances that this causes concerns. First, it is already hard enough to find a worker or workers period even with the Rate Increases by having	Thank you. Please see the responses to comment #s 41 and 47.

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		these limits here it is putting undo stress on the parents/guardians. Some if not a lot of individuals are in rural areas and it makes it hard to have a worker drive 15-30 miles each way to provide support. Especially with how much liability they have put on their shoulders as opposed to if they went to a McDonald's to work where the liability is very little and can make the same amount of money. Second, by having this verbiage in the waiver(s) it makes KDADS look like a co-employer of the workers by setting a limit on how many hours they can or cannot work. Third, there has never been any language like this ever in any waiver as long as Life Patterns, Inc has been around for the last 27 years. I also recommend that there should be provider input as well as parent/guardian input when waiver renewals are being written or thinking of making changes other than public comments. This way there can be input that can be given that KDADS might not have an understanding of that is out there(no disrespect meant). I believe that providers and parents who have worked/provided in this field, lived in this world with a member with a disability can give insight and how potential changes could affect them or if something is not able to be done. Providers can also give information on how things changed from before FMS started to when things changed with the FMS model.	Thank you for your comment.