

Waiver Amendment Changes

#	Sender	Changes/Recommendations	KDADS Response
1	<p>Monte Coffman <m.coffman@wind sorplace.net></p>	<p>Thank you for the opportunity to submit questions and comments on the proposed waiver amendments. My comment and question is in regards to the Home Telehealth service currently covered under the Frail Elderly waiver. This service was added to the FE waiver in October of 2011. The decision (by KDOA at the time) to add the service was a result of a three year (2007-2010) pilot project funded by KDOA in which this service reduced inpatient hospitalizations by 38% and emergency rooms visits by 67% pre and post intervention. Since this time this service, according to one of the MCOs based on a four year (2017-2020) pre and post invention study on 200+ members, reduced inpatient hospitalizations by 48% and emergency room visits by 71%.</p> <p>I may have missed in the document details, but I do not see where this covered FE service was proposed to be added to the other waivers. If I just overlooked this very valuable service being added to the other waivers in the filing documents, please direct me to the location of those details. However, if this valuable service has not been added to the other waivers, then my comment would be it definitely needs to be added prior to the SPA filing. If this valuable service is not planned to be added to the other waivers, then I would request the reasoning behind leaving it off all the non-FE waivers.</p>	<p>Home telehealth service has not been added to waiver verbiage at this time but may be considered for the future.</p>

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1	Stephanie L. Rasmussen <Stephanie.L.Rasmussen@sunflowerhealthplan.com>	<p>Personal Care Services</p> <p>a. Virtual Service Delivery- Recommend to add that the provider must be enrolled in KMAP and licensed to provide the service in the area of the state where the member resides- if this is true? How does the 200 mile rule apply for Home Health agencies?</p> <p>b. Virtual Service Delivery- Recommend to add that both the MCO and the provider are responsible for documenting and tracking how the service is delivered. Also recommend to add that the provider must document the service that is delivered, in the same way as if it was in-person.</p> <p>c. Virtual Service Delivery- Recommend to add that the provider will respect the member's choice not to use virtual services at any given time; and will implement the back up plan for in-person support. This reinforces members can change their minds at any time and the back up option needs to be provided.</p>	<p>PCS is not a licensed service. Home Health Agencies have licenses that prohibit the provision of service exceeding 200 miles. For other non-agency directed providers, this does not apply.</p> <p>We will take this under review.</p> <p>We will take this under review.</p>
5	MCO	<p>HEMS: Listed items: Presents an illusion of pre-approved items.</p> <p>Human rights: Items that are viewed as restraints or seclusions could be viewed as human rights violations. IDD has a HR committee to review these (I believe at the CDDO level). BI, FE, PD and TA do not. Specifically for those with cognitive limitations and/or if someone is injured or worse.</p> <p>Could these items be removed from this list? Could the list keep the listed items that are standard MHMs that are provided routinely as examples? And keep the "but not limited to..." language? Main focus is concern for safety in the event of an accident. Also do not want to set up a scenario that could result in a human rights violation.</p>	<p>We will look into clarifying this language.</p>

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		<p>HEMS/VMS: "The MCO shall make attempts to identify potential community resources or natural supports." -Should be removed based on recent memo/state direction</p>	<p>Thank you for this comment.</p>
		<p>HEMS/VMS: "the MCO shall request an in-home or remote assessment of the participant's needs and</p>	<p>KDADS is not prescriptive on this and prefers language to be open ended to allow for</p>
		<p>VMS: "Assistance with modifications to be purchased and installed in a vehicle owned by or a new vehicle purchased by the participant, or legally responsible parent/guardian of a minor or other care-giver as approved by KDADS Program Manager." MCO is in agreement with ensuring that purchases are made for the sole benefit of the member whose funds were used and the vehicle owned by them or their legally responsible guardian/legal parent. MCO just requests guidance on a process if a request of any kind would be submitted directly to a KDADS program manager for review and decision. -Does the MCO need to submit a formal request to a KDADS PM? -Is the MCO to submit ALL VMS requests to the KDADS PM, or are there exceptions. -Would the MCO send to KDADS after they have done their own internal review of medical necessity? -Does this statement mean "care-giver as approved by KDADS program manager?" Or does this mean that the vehicle modification request is approved by KDADS PM?</p>	<p>We will amend and clarify the MCOs role. The MCO is not expected to get Program Manager approval prior to approving and reimbursing the service.</p>