KDADS LTSS PUBLIC COMMENT MATRIX

Comment Period: 2/14/2024 - 3/18/2024   Program: I/DD Waiver Renewal

BRIEF DESCRIPTION OF DOCUMENT SUBMITTED FOR PUBLIC COMMENT AND COMMENT SUMMARY

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	Sender	Public Comment	KDADS Response
1.	Jeannette Livingston, Sedgwick County Developmental Disabilities Organization	The renewal appears to change the provider requirements for Personal Care Services. In the current waiver the Provider Type is Individual Personal Assistants but in the renewal it is Home Health Agency. If a Home Health Agency license is required to provide PCS I would lose 2/3 of my providers. Currently only have 3 and one only serves kids and only only serves their program participants. There's already no choice for adults. I'm not opposed to higher standards but is there a way to grandfather current providers in?	According to the proposed waiver, the providers can use either agency agency-directed services, Home Health Agency, or individual personal assistants.
2.	Phil Bentzinger, Cottonwood, Inc.	Regarding SE services, page 89: "Competitive work... is paid in accordance with the Fair Labor Standards Act" seems to conflict with another statement, "The outcome of this service is sustained paid employment at or above minimum wage". I believe the FLSA includes section 14c, which offers wages that could be below minimum wage. Since VR services don't fund the nationally recognized, best-practice "Discovery" model of job prep, could HCBS SE funds be authorized for Discovery before people access VR?	We appreciate the feedback. Supported Employment will be unbundled. The services that will be included have not been decided nor has the rate of reimbursement.
3.	Angeline Anderson, Johnson County Developmental Supports	Recommend adding reserve capacity under Appendix B, Section B-3 to account for individuals eligible to access the HCBS waiver due to a successful VR Case Closure. Appendix C: Day Habilitation Service Description: Recommend that the State clarify the following: Service Description states: "Services must be provided outside the participant's residence unless the person has been determined frail or fragile…" Two paragraphs down "Virtual delivery of services may be a service option to provide independence in licensed group homes…" Can day services be provided virtually? Only virtually if the person is outside their home? Only virtually if they are frail/fragile? Further down "The virtual delivery of the service shall be provided in the participant's preferred setting" – What if the preferred setting is their home? Day Supports Limitations: 4. If a participant prefers to receive Day Supports outside the home less than five days per week, his/her preference and assessed need for Day Supports must be documented in the Person-Centered Service Plan. – Does this mean Day Service can be provided in the home a few days a week if that is the person's preference/assessed need without an exception? In general, guidance related to virtual service delivery should be tailored to the service being described. Coping and pasting the same information for multiple service descriptions is not helpful and creates confusion.	We will take that into consideration for future amendments. Virtual Delivery of a service shall mean the provision of services through equipment with the capability for live real time audio-visual connection that allows the staff member to both see and hear the participant. Text messaging and e-mailing do not constitute virtual services and, therefore, will not be considered provision of direct services under specified HCBS Services. If the person is receiving Day Services outside the home less than 5 days per week, that would be an exception and documented in the PCSP. Thank you for your comment. The purpose of this section of the waiver is to create uniformity across

KDADS LTSS PUBLIC COMMENT MATRIX

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
		Appendix C: Supported Employment: I would encourage the state to consider situations where text messaging may be an appropriate job support via supported employment and not disqualify this method of service delivery out of hand. The state should clarify this statement: "Transportation between the participant's residence and the employment site is included in the rate paid to providers of Supported Employment services." At the very end of the service description " e. Supported Employment must be provided away from the participant's place of residence." I believe the state should take into consideration that an increasing number of jobs have some virtual or hybrid component. It's likely that someone with a disability working from home would still require Job Coaching, either virtually or in person, in their home. I would encourage the state to reconsider their stance on this issue. I would also like to voice my concern that many stakeholders contributed time and ideas in waiver renewal workgroups and none of that feedback seems to be reflected in the current renewal.	waivers. It is unique in the description of the service delivery method, and it is the description of the actual service will be applied. We are working on an initiative to utilize technology to better support individuals and promote integration and independence. Transportation is written into the I/DD waiver language. We are working on an initiative to utilize technology to better support individuals and promote integration and independence. We thank stakeholders for their time and participation. The waiver is one component, but other feedback is encapsulated in policies and procedures. Others may not be able to be incorporated due to budget considerations and federal regulation.
4.	Parent	For adult/children with medical complexities, parents & legal guardians should be exempt from the 40 hour/week work limit with the understanding that there will not be any overtime pay. When our adult/children are sick, it is difficult to find appropriate help. As such, we must take time off from work for an extended period, especially after surgeries and hospitalizations. There is already a 12 hour/day pay limit on care. However, when our adult/children are sick, their sickness does not stop at 12 hours. We are just expected to work for free after 12 hours. Parents and legal guardians who live with the adult/child already have various special tax exemptions/waivers for working for their adult/child. Why not also make a special exception regarding the work week for parents and legal guardians who live with the adult/child? I doubt that any parent or legal guardian living with their adult/child will object to not being paid over-time compared to not having any type of income for missing work and not being able to pay for basic necessities such as rent or food. I realize that this 40 hour/week rule is from the DOL, but if the IRS can make exceptions to help the parents and legal guardians who live with the adult/child, why could the DOL not do the same? Thank you for your consideration.	All workers must abide by the FLSA. The State of Kansas does not limit PCS hours per week per employee. Workers that exceed 40 hours per week should partner with their employers to ensure they are in alignment with the FLSA. Kansas does not have the ability to do that. We follow regulations from the DOL. We would encourage you to partner with your Managed Care Organization to develop further supports.

KDADS LTSS PUBLIC COMMENT MATRIX

S	Sender	Public Comment	KDADS Response
			Thank you for your comment. We encourage you to continue conversations with the DOL or the IRS.
5.	Angela Levy, Cottonwood CDDO	The IDD Waiver Renewal workgroup for Supported Employment recommended the definition of SE be clarified to allow full employment schedule billing. This would provide consistency across the state and MCOs and match what KDADS has told the CDDO and providers verbally is allowable. Currently providers in some areas are allowed to bill this way and providers in other areas are told they are not allowed to bill this way. Even within a certain area of the state or within one MCO there can be cases where it is allowed and other cases where it is denied. The inconsistency will prevent the service from expanding and growing across the state. I have heard from current providers that even with a rate increase they will quit providing employment as a service if full schedule billing is not allowed.	We should continue to follow HCBS policy for SE definition under IDD waiver
6. pos	Susan Jarsulic	Re: Vehicle Mod Services. It appears that the MCOS are given an "out" to not provide vehicle modifications. The document states "this process will not be completed where the MCO cannot find more than one provider/contractor to provide a bid. I live in Johnson County and there is only one provider of wheelchair modifications for vehicles. Do I interpret this statement correctly that if the MCO cannot get at least two bids they don't have to proceed? What is a Central broker?	Thank you, Susan. The MCO should be getting the bid. If they only have one provider, they will need to talk to the state about that. We will review waiver amendment language to ensure it aligns with vehicle modification specifications.
7.	Janet Bolander	The waiver is limiting supported employment to 25 hours per week. We need to give people the option of getting a full time job, which would be 40 hours per week.	There is language in the renewal for the MCO to allow for an exception
8.	Courtney, Parent	I am a working parent of a special needs adult child and there are only pays for 5 hours a day for a day program. Most caregivers/parents work a min of 8 hours a day with one hour drive time to and from. Trying to get RELIABLE respite care is impossible. Please help us!	Thank you for your comment. We will take this into account for future budget considerations.
9.	Adena McCowan	IDD clients need more than 5 hours in Adult Day Programs. Many adults live with working parents due to lack of medicaid funding for residential services and/or to take the burden off the system and because they want to care for their lives one as long as they can. These individuals need coverage for at least 9 hours a day.	Thank you for your comment. We will take this into account for future budget considerations.
10.	Alison Klock, Educator	Adults clients attending adult day services need additional access that is financially supported. These programs are essential to the client's caregivers. Many caregivers work an 8 or 9 hour day and are left with the task of finding respite care for the balance of the caregiver's work day. There has got to be a resolution to better support adults with disabilities and their families.	Thank you for your comment. We will take this into account for future budget considerations.
11.	Kyla Hargraves	Hours for day programs are capped at 5 hours. This does not account for regular work hours of caregivers. Most people must work outside the home to provide adequate shelter and support. The avg work day is 8 hours not to count commute times. 5 hours is extremely inadequate. It puts caregivers in a situation of having to choose work or their child. The waiver needs to increase to cover more hours of day program.	Thank you for your comment. We will take this into account for future budget considerations.

Kansas
Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
12.	Lyndsie Weaver, Parent	We need more IDD program hours. It's impossible for caregivers/guardians/parents to work a normal 8-5job when them isn't available day program care for at least 9 hrs a day! Can you imagine only being able to work for 4 hrs a day , because 1 hr of the 5 is consumed with driving.	Thank you for your comment. We will take this into account for future budget considerations.
13.	Shanon, Mother	Please help parents trying to care for their adult children. It is so difficult to find Day care that allows us to work a full time job to provide for our Specisl needs Adult children. The program is allowing 5hr/day of care. This is not sufficient to allow parents to work. We need adequate hours of care to allow us to work and continue caring for our adult children. We need enough hrs per day to cover a typical work day. Child daycares are open 7:30-5:30, but for adults we are only getting 5 hrs. Please help raise these hours.	Thank you for your comment. We will take this into account for future budget considerations.
14.	Alison Stanley	More day services, or longer day service hours, for adults with additional needs	Thank you for your comment. We will take this into account for future budget considerations.
15.	Jody Koenigsman	Need more day service hours	Thank you for your comment. We will take this into account for future budget considerations.
16.	Sarah Rivers, parent	Please consider adding more daycare hours for adults as their primary caregivers often work full time. How are they supposed to do that with only 5 hours daycare time?	Thank you for your comment. We will take this into account for future budget considerations.
17.	Denine Vestering	We need new/more hours for adult day service. I don't know any parent/guardian that works 5 hours a day. But that is the amount of hours our kids get for adult day service. How are we supposed to maintain a job?	Thank you for your comment. We will take this into account for future budget considerations.
18.	Melanie Jacobs	Need more hours for day services for working parents!!	Thank you for your comment. We will take this into account for future budget considerations.
19.	Jessica	There needs to be more hours, how are parents suppose to work if only 5 hours are provide for care. There need to be more day programs with more hours available per day	Thank you for your comment. We will take this into account for future budget considerations.
20.	Ashley McDonald	There need to be more day programs with more hours available per day	Thank you for your comment. We will take this into account for future budget considerations.
21.	Lori Feldkamp, Big Lakes Developmental Center, Inc.	Supported Employment – The language in the waiver needs to be clarified to ensure full schedule billing for the hours the person served works in the community with a 460 monthly unit cap. If the State of Kansas is sincere in its commitment to be an "Employment First" state, the service must be affordable for service providers to deliver the level of support necessary for persons served to obtain and maintain employment. Day Service Units – The current weekly maximum unit billing for day services that is capped at 25 hours per week is unworkable in today's environment. Many families depend upon service providers to support their loved one during the day while they are employed. 25 hours per week needs to be increased to 40 hours per week to better accommodate the service needs of the individual and the families that support them during non-working hours. Providers cannot afford to provide services for free when their need exceeds the current maximum units.	Supported Employment: SE rate increases are currently being considered. Employment 1st should be the first choice. Day Service Units: Thank you for your comment. We will take this into account for future budget considerations.

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	Sender	Public Comment	KDADS Response
		Acute Care Hospitalization Support – The waiver needs to clearly outline that exceptions for billing day and residential services can continue while supporting an individual that is temporarily hospitalized. We have individuals in services who cannot or have great difficulty communicating with others. They also have no family or anyone else who can be present to advocate or just communicate with hospital staff. Hospital nurses are overworked and don't have the time necessary to provide emotional support to prevent behavioral issues and provide personal care when required. Day Service Exceptions – The language needs to provide flexibility for day services to be provided in the home when persons served are ill and when infectious illness may affect housemates, while they too may be infectious. Any contagious illness, whether it be Influenza or COVID must be contained to prevent spread among a population that has a large number of medically vulnerable individuals. Medication Training – The requirement for staff to be trained in medication administration needs to be limited to only those staff responsible for administering medication per their job requirements. Anyone that would have this responsibility should be trained. It is not reasonable to expect ALL provider staff to be trained in a skill that they are not expected to perform.	Acute Care: We will take this into consideration for further review. Day Services: We already have an exception process when there is quarantine, etc. Medication Training: Staff who have been trained and certified to administer medications shall be available in certain numbers whenever persons being served are present. No untrained staff may administer medications. This will be included in DSW training.
22.	Carrie Wellborn	5 hours of day services is not enough time for those that work 8+ hours work days. Please increase the hours.	Thank you for your comment. We will take this into account for future budget considerations.
23.	Vicki Seems, ECKAAA CDDO	Please consider extending the hours for Day services to 8 per day. This would match many parents work days better than current hours allowed.	Thank you for your comment. We will take this into account for future budget considerations.
24.	Mike Strouse, Goodlife	There are many critically important federally mandated rights and care requirements, including the right to 1) receive effective carefree of abuse, neglect, and exploitation; 2) receive the least intrusive, potentially effective care in the least restrictive environment; 3) exercise individual choice and self-direction; and 4) the right of privacy where privacy is highly expected. All approaches to care—including in-home staffing—invade privacy. For many (if not most) people, in-home staffing is more intrusive than best-practice remote support, including virtual staffing, if provided by someone highly familiar with the person they are supporting. The proposed waiver language, however, holds	1. Thank you for our comment. KDADS will review this language.

S	Sender	Public Comment	KDADS Response
		remote support (including virtual staffing) to a higher standard than in-home staffing and requires processes for the former that don't apply to the latter. The waiver language also appears to hold privacy to a higher standard than other federally required rights/responsibilities. **1. Unequal Standards for Balancing Rights/Requirements for Remote vs. In-home Support** Our care strategy should be balanced against all federally required care mandates, including the quality of life outcome achieved. Would living in a group home result in greater independence, safety, choice, and privacy, or living in your home with remote support technologies, self-direction technologies, sensors, and cameras that could empower people to live with greater autonomy, control, and independence? This is like saying that angioplasty is more intrusive than open heart surgery simply because it uses a camera. 1. ***Goodlife suggests***: Insert language into the waiver that requires providers to use the least intrusive care strategy that produces the best quality of life outcome, which does the best job of not infringing upon their rights. The chosen strategy should be the one that improves safety, self-direction/choice, privacy, and independence and offers the best quality of life outcome (all federally required mandates for care). Using the above standard, someone in a group home, with multiple staff and residents present and few areas of the home being truly private, would not be a more favorable care strategy than someone living in their own home with remote support technology, virtual staffing, and the ability to self-direct in-home help. Similarly, many residents would prefer virtual staffing to the intrusion of in-home staffing because it advances independence and offers more privacy from the resident's perspective (choice).	
		2. Viewing Remote and In-home support as a Generic Either/Or Care Dichotomy Virtual and in-home support are presented in the waiver as a generic service dichotomy (must choose between one or the other and document the choice in the PCSP). In reality, virtual and in-person support should be interwoven into an integrated, comprehensive support model where the least intrusive and preferred support is used at the right time for the right skill that is preferred and effectively meets the need at hand. Some independent living skills, for example, can be more effectively taught remotely, while others require in-home support. Again, the proper support should be the least intrusive one that achieves the best outcome and is preferred (e.g., teach a skill, advance independence, or allow someone to live more inclusively in smaller homes). To illustrate, the most crucial skill to teach a person to advance independence is knowing when and how to ask for help.	2.Thank you for your suggestion KDADS will take this into consideration.

KDADS LTSS PUBLIC COMMENT MATRIX

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
		Teaching when and how to ask for help (the skill of self-direction) is significantly more effective using virtual support combined with a deployment strategy than in-home staffing approaches that cannot/don't leave (you cannot learn to self-direct support if it does not leave). The best approach for supporting people with complex needs is to use remote and in-home support simultaneously. For example, a behavioral, health, or training professional can remotely support a DSP working alone in a small home to address an unpredictable, challenging health/behavioral need. GoodLife has led and/or participated in six national institutional closures. With each one, it was clear that lack of on-site access to professional care and DSPs working alone without this support were the primary reasons guardians preferred congregate care approaches over community-based options. These were also the primary concerns when GoodLife closed its 11 ICF/IID homes in favor of HCBS services. People with significant needs and the DSPs that support them in small, inclusive settings require quick access to the services/support they both need to ensure best-practice care and support. If we don't provide this support, we will inadvertently reinforce our reliance on congregate care approaches, and our DSP stability crisis will increase. The current waiver language is analogous to generically choosing between a physical and verbal prompt for all skills or needs. This choice strategy doesn't make sense, results in less choice and control, and doesn't meet the test for using the least intrusive approach that can effectively meet a care/support/treatment need. The decision for what type of support is needed will organically change based on many factors. It would be challenging to itemize all of them within a person-centered support plan. 2. **Goodlife suggests:** Use the least restrictive option preferred by the person served/guardian for the skill, which will ebb and flow across skills, needs, and circumstances. The solution is delivering training to and receiving feedback from the person served. **3. The Consent Strategy for Remote and In-home Staffing Approaches**The proposed waiver language requires that each person consent to the use of remote support or in-home staffing. This would be reasonable if the person lived alone or if either option was best. Unfortunately, this isn't the case. What if one person preferred and needed in-home staffing support and the other felt (as many do) that constant in-home staffing when they don't have a need is intrusive, and they don't want staff intrusively in their home waiting for a need even if someone else needs it? How can we simultaneously offer in-home staffing for one person and virtual staffing and deployed support for the other in the same home? A similar problem exists if one person/guardian wants in-home staffing and remote professional support to help a DSP better deliver complex care while the other roommate/guardian does not prefer having both. Also, it appeared that the choice was only one-way (e.g., if you had virtual support, you could remove it, but if you had in-home support, you could not have virtual support instead). How can that be an option that advances independence, choice, and independence? 3***. Goodlife suggests:*** The solution for this isn't to give in-home staffing a free pass or preference if a less intrusive support method is available and also preferred. Also, roommates need to agree on the presence of staffing, remote support, or the use/availability of both. These issues and a consent strategy were discussed with CMS during their visit to GoodLife, and they agreed that in such cases, we should try to either compromise or accommodate roommates. We agree with this approach, and our consent forms were subsequently developed to ensure we implement these recommendations to the best of our ability.	3.Thank you for your comment.

KDADS LTSS PUBLIC COMMENT MATRIX

S	Sender	Public Comment	KDADS Response
		4. The Overall Waiver Language Strategy and Ending Comments: The best remote support technology filters out when support isn't needed and allows easy self-direction by DSPs or persons served to get help when needed. There should also be ways to remotely provide on-the-job training and support for people working with individuals with challenging needs. Cameras are often used in common areas because care professionals (such as health, behavioral, and training professionals) need to see interactions to effectively assist when help is needed. Further, an effective remote support platform should quickly notice and resolve care challenges/concerns. For example, iLink and GoodLife's support strategies have been able to detect and/or determine 25% more care concerns than we would have without its technology platform. Advanced camera technologies now allow for cameras to be turned on/off, self-directed, used in privacy mode (blurred), and digitally black out all home areas where a resident/guardian wants to be private. This level of privacy and control is not possible with in-home staffing. For many, this means that best-practice remote support strategy may be less intrusive than traditional in-home staffing. Best-practice remote support technologies can advance rights/ requirements in ways that in-home staffing alone cannot. They can also empower and support the safe, effective, non-obtrusive delivery of care in smaller, more inclusive homes while affordably advancing independence (to achieve the vision of the final rule) in ways that traditional approaches cannot. **To serve people with more significant needs in less restrictive, inclusionary settings, remote support should be combined with in-home staffing to support independence while advancing self-direction and privacy**. With a care crisis, long waiting lists, and limited resources, we must explore and embrace new approaches to delivering the next generation of care, especially for persons who want to leverage natural resources, family members, and self-direct care. **4. Good Life Suggests**: To propose a general waiver provision regarding care and consent that requires that all care strategies (including remote and in-person care or combinations of remote and in-person care) be balanced in ways that promote the goals/requirements/vision of the Final Rule as well as other federally-required care mandates (e.g., at a minimum, the care strategies must cultivate choice and control, safety, least restrictive care, inclusion, and independence while minimizing intrusions of privacy). If desired, I would be happy to help write a proposed language for your consideration.	4. Thank you for your comment. KDADS will review your proposed language.
25.	Laura Pederzani, Arcare, Inc.	To be eligible to apply for a grant from Arcare, we require that an individual have a disability determination from Social Security or the State Medicaid Agency; meet income guidelines established by Arcare; and have no available funding source such as, but not limited to, Medicaid, Medicaid, or private insurance. In 2023, at the express direction of MCOs, we saw a dramatic increase in the number of applicants applying for funding from our charitable grant program to cover HEMS, SMES, and VMS. In the first quarter of 2023, the number of individual grant applications received was twice the total number of all applications received in 2022. MCOs were requiring Medicaid recipients to apply for community grants under the guise of "exhausting community resources prior to Medicaid funding access for Assistive Services." When questioned about the unnecessary barrier that MCO's were creating by requiring members and consumers to apply for grant funding to cover medically necessary items, the response echoed was that Medicaid is the "payor of last resort." As such, we are requesting that language from the Social Security Act and Deficit Reduction Act of 2005 which defines "third parties" for purposes of legal liability for health care items is included in the sections covering HEMS, SMES, and VMS. Section 1902(a)(25)(A) of the Act requires states to take all reasonable measures to ascertain the legal liability of "third parties" for health care items and services provided to Medicaid beneficiaries. The Deficit Reduction Act clarified the entities subject to the provisions of	Thank you for your comment and KDADS will review your suggestion and reach out regarding additional policy development.

KDADS LTSS PUBLIC COMMENT MATRIX

S	Sender	Public Comment	KDADS Response
		1902(a)(25)(A) include: 1) self-insured plans, 2) pharmacy benefits managers, and 3) "other parties that are, by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service", including workers' compensation, auto insurance, and liability insurance plans. Charitable grants and community resources have no legal liability to provide support or funding for items that would otherwise be covered by Medicaid. We also respectfully request that should the suspension of the requirement to exhaust community resources prior to Medicaid funding access for HEMS, SMES, and VMS that went into effect June 14, 2023 be lifted, language is included in all sections covering HEMS, SMES, and VMS to specifically clarify that the act of obtaining needed services should be an act of partnership between the MCO and the member, that the MCO be considered the driver of the service, and that MCO's have the responsibility of exploring community resources but only with the MCO's service coordination support and at the member's express request. We would be happy to assist in drafting said policies and clarifications.	
26.	Shelly May, JCDS	**Virtual Delivery Of Service:** The definition appears to have been copied and pasted into multiple places as opposed to a more specific definition created for each service. The language is conflicting and creates confusion. Assessments/evaluations required are vague in the description. Language does not take into account the physical capabilities of certain persons who have "total control" over devices. This statement would limit choice for those with physical limitations who may desire more independence and alone time. What's the rationale that MCOs would independently review provider policies on Virtual Delivery of Service? Why wouldn't this be included as part of licensing or credentialing? Simplify language regarding VDS. **Assistive Services** This service definition was eliminated without explanation for stakeholders. The Virtual Delivery of Services language is overly complicated and implies that a licensed service provider could be financially responsible for components that support increased independence and health. **Personal Emergency Response** Please modernize this definition to be more inclusive of technology solutions and wearables medical technology now available that do more than respond when a button is pushed. Wearables can monitor all types of physical conditions and send alerts to prevent and detect medical emergencies. The service definition should cover more than rental of such devices as most are widely available on the market and potentially more cost effective than ongoing rental.	**VDS:** The definition will be further clarified in the Virtual Delivery of Service policy. We have discussed the unbundling of services in the amendment and can further clarify it in the policy. Thank you for your comment. We will try to address your concerns in the VDS policy. **PERS**: Amending the definition for personal emergency response would have a fiscal impact to expand the definition of personal emergency response. These devices may be

KDADS LTSS PUBLIC COMMENT MATRIX

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
		Home And Environmental Modification Services This definition is written as if HEMS is only authorized in lieu of personal care services when it is determined to be more cost effective. HEMS Has the potential to increase independence, freedom, and health and Wellness for all HCBS recipients regardless of their use of a special service. The language is confusing or intended to extremely limit the use of this service. **Specialized Medical Equipment And Supplies** What would be the *other* HCBS services that would cover SMEs? **Day Services** I am delighted to see the extension from six months to two years for medical documentation of chronic conditions for day services exceptions. I would like to see if this definition expanded to also include additional complex service needs such as dementia and age-related illnesses and significant behavioral health concerns. Retirement services offering additional flexibility for schedules for rest need to specify that rest is allowed in the person's home and is billable activity as staff are still physically present to provide supports. The day service programming for retirement is inclusive of both activity and rest periods. Increase reimbursable units from 460 units per month to more accurately reflect the provision of day services and meets the needs of individuals and families. JCSS day services are a more typical 7 hour per day model which would be closer to 560 units per month the current 460 units allows for around 5 hours per day of service which does not meet the needs of people or their families. Language is confusing as to whether a person can opt for day services in a setting of their choosing, to include time at home, without the medical exemption. The definition for Virtual Delivery of Services also is confusing as it specifies it should be delivered in the setting of the person's choice. What if their choice is to receive Virtual Delivery of Services in their home? **Supported Employment** The stakeholder group spent considerable amount of time discussing full schedule billing period national and state subject matter experts provided feedback on this as well. There is no mention in the waiver renewal language. Methodology for assigning number of units is left to the MCO care coordinator and their interpretation and personal opinion. Additional reserve capacity is needed for those individuals bypassing the wait list due to successful VR closure. This process also needs to be streamlined at the CDO and state levels to ensure that access is granted to those individuals it was intended in the Crisis and Exception policy. Too often the process gets bogged down by personal opinion of whom “deserves” access the most to the waiver. Modernize the definition of service and Virtual Delivery of Service to accommodate remote and hybrid jobs in the marketplace. Someone working remotely in their home is still going to require job coaching, whether in person or virtual, to maintain successful employment. The assumption is that all persons are working outside their home, and that is consistent with the world of work today. Reconsider use of texting/phone to be included in Virtual Delivery of Services definition.	covered under Specialized Medical Equipment and Supplies. **SMES:** Per the HEMS policy, Payment for Home and Environmental Modification Services (HEMS) alone, or in combination with Vehicle Modification Services (VMS), and Specialized Medical Equipment and Supplies (SMES), shall not exceed $10,000 per program participant and across all waiver programs. In the event that a program participant has exceeded the $10,000 limit and still has needs that may be furnished through HEMS, the MCO shall furnish such needed using and ‘in lieu of other services’ approach, or using other value-added services provided by the managed care organization. **Supported Employment:** Thank you for your comment. We will take this into account for future budget considerations. **Day Services**: We have a policy for people to bypass the waitlist if they need supports after completing VR. Business plan documentation should be outlined in the PCSP for an in-home business. We will take these options into consideration to further develop the policy.

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	Sender	Public Comment	KDADS Response
		Residential Services Virtual Delivery of Services language appears to require one to one staff ratio. In a support scenario with remote overnight support staff, the remote staff would be monitoring multiple people. In person support would not be one-to-one, so this restriction doesn't make sense. Virtual Delivery of Service cannot use phones is confusing because telehealth is widely acceptable practice. Residential settings must be ADA compliant. What does this mean? ADA requires reasonable accommodations for those with a physical disability. Not everyone who receives residential services has a physical disability and requiring all locations where residential services is provided to be ADA compliant further limits housing options for people with limited financial resources.	**Residential Services**: We are working on an initiative to utilize technology to better support individuals and promote integration and independence. If assistance is needed with telehealth, that should be outlined in the Person-Centered Support Plan. The parameters for telehealth in regard to VDS will be defined in policy. We will amend waiver language to say, “reasonable accommodations.”
27.	Lauren Vohland, GoodLife	Page 12, bullet 9- If a technology or device is provided to the participant for the primary purpose of VD of a service, placement of such devices/equipment/ technology shall be solely determined by the participant. This can be problematic for roommate situations. What if they are at odds with each other? Does this take the choice away from one or more participants? Whose rights are preserved? Assume that the client might have to decide if they are okay with it and stay or choose to move where it can be accommodated. Bullet 10 - The residential provider is required to actively provide each participant the necessary support to make choice and understand their rights, including the right to choose or decline usage of remote supports This is already stated above that it is the MCO’s responsibility to ensure the client is educated and has choice. Need to consider that a client who has roommates might choose to decline virtual support while the other roommates in the home choose it. What happens if both requests cannot be accommodated? Bullet 11- The participant shall have total control of the device, including turning it off or on. not every client is capable of turning off or on all types of equipment or devices there might be health or behavioral conditions that are contraindicated with this which would be incorporated in a PCSP. Same issue applies if there are roommates. It might not be feasible for an agency to immediately provide the correct support if it is turned off by one participant while the other needs it. Bullet 14 - The MCO Care Coordinator is responsible for verifying that all services (including virtual supports) are appropriate to meet the participant’s needs and ensures that the participant exercises free choice of provider, including choice of service delivery method. This includes if the participant continues to choose virtual supports or would like to change to in-person supports. I like this language except it might mean a client has to move in order to choose different VDS than roommates. I’m confused about the difference between telehealth and virtual delivery of services. Are these being used interchangeably?	**P 12** Bullet 9: All participants’ rights are protected in these situations and should be outlined in your policies. **Bullet 10:** It is the MCOs, CDDOs and Provider’s responsibility to ensure the client is provided options and education about accommodations in the homes. Alternative options will need to be considered/arranged if both requests cannot be accommodated. This should be outlined in the discussion about options. **Bullet 11:** Resolution of these issues need to be addressed in your policies.

KDADS LTSS PUBLIC COMMENT MATRIX

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
			Bullet 14: The circle of support is responsible for informing the person of their choices. The participant is not locked into a service type, if they decide it is not a good fit.
28.	Lauren Vohland, GoodLife	Page 12 Bullet 8 - Virtual delivery of services will meet the privacy of the individual, especially in instances of toileting, dressing, etc., as video cameras/monitors are not permitted in bedrooms and bathrooms: The participant will design their own privacy parameters for virtual delivery use per services; this will be outlined in the Person-Centered Service Plan This section is confusing because it falls under telehealth and toileting and dressing doesn't seem to fit into that service. Additionally, cameras in bedrooms and bathrooms were addressed in the previous section on this page as allowable and now this is prohibiting it. Page 62 3rd paragraph - These services may also be used to provide supported retirement activities, which may involve altering schedules to allow for more rest time during the day, support to participate in hobbies and other senior-related activities in their community. Is there an age this applies to or what meets the criteria for retirement? Some of our seniors find going out too much is not conducive to their lifestyle preferences so I recommend allowing services from the home with the following language: Participants that have been granted an exception to receive Day Supports in the participant's home must participate in activities that are consistent with the participant's Person-Centered Service Plan, and the Day Supports provided must replicate the services which would normally occur outside of the home. 4th paragraph - Day Supports are provided in a variety of settings in the community at large. Services must be provided outside of the participant's residence unless the person has been determined frail or fragile and the provider has a signed statement from the participants' physician, advanced practice registered nurse or physician's assistant that receiving the support outside the home would put the participants' health at risk. Does this include retirement for seniors if the person, the guardian, MCO agree? See my comment above for recommendation on language to add retirement as an option. I understand you wouldn't want the Agency to decide, but hopefully the other team members could weigh what's best. Paragraph 6 - discusses virtual delivery, but previously on the page (Paragraph 2, last sentence) it says day services must be provided in person. It says, "licensed group homes, therapies or agency-directed personal care services" which does not include day services so I'm confused as to why virtual services are listed under day services. iii. Participants must affirmatively choose virtual delivery of the service over in-person services. it is possible that both can co-exist	**Page 12 Bullet 8:** The parameters for privacy should be identified in the Person Centered Support Plan. **Page 62 3rd Para.:** We allow some exceptions for individuals who are medically fragile wishing to receive services in the home on a case-by-case basis. **Para. 6:** We will review language for further clarification.
29.	Lauren Vohland, GoodLife	Page 63 Bullet 1 - Virtual delivery of a service, including using phones, cannot be used to assess a participant for a medical emergency. What is the intent of this? There are times when things are clearly a medical emergency (someone is not breathing), but more often it requires our DSP's (many who have zero experience in healthcare) to contact our nursing staff to advise on best support. With community based services there is not a dr or nurse at every home and there is no definition of medical emergency so this would lead me to believe that clients must be transported to a medical facility for an assessment. Bullet 6 - The service provider shall be responsible for providing the device or technology required to support the virtual delivery of the service. The Waiver program will not fund any costs associated with the provider's virtual delivery of the service such as obtaining, installing, and implementing equipment, internet, software applications, and other related expenses. These costs, in the virtual delivery of the service are part of the provider's operating costs. Does this require a	**P 63 Bullet 1**. We will review language for further clarification. Medical providers should be consulted if there is a medical emergency. **Bullet 6, 8 and 9.** CMS does not provide funding for these items nor

Kansas Department for Aging and Disability Services

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
		service provider to offer virtual services? What if the service provider is unable to provide this type of service? If none of this is funded in the waiver I don't see how a provider could be required to offer virtual services, but all the waiver language makes it sounds as though it's a requirement if the participant chooses virtual services. Bullet 8 and 9 - HCBS waiver funding shall NOT be used to purchase technologies or devices or internet connectivity for the primary purpose of virtual delivery of a service. The provider shall be responsible for the maintenance, upkeep and assurance the device is in working order. need to consider that this is a big cost for a provider so saying that a client can choose this without the agency also being able to choose is aversive to providers. Bullet 13 - The participant shall be able to rescind their choice of virtual delivery of a service at any time. This might conflict with other roommates in a home so it could mean that someone no longer has the choice to live in that home. It could also mean that providers are less likely to pursue virtual delivery of services if they could face a huge upfront cost without any assurance for funding or continuity. For example, we spend thousands of dollars on equipment and set up an internet (contract) and the client says they don't want it after 2 weeks. That is a sunk cost that adds to the list of unfunded costs for providers.	their upkeep, but they may be purchased by other means. **Bullet 13**. We will review language in the policy for further clarification.
30.	Nichole Hall, CDDO of Butler County	**General comments:** Virtual Delivery of Services – would like to see allowance for phone calls/texting as a covered support, especially under supported employment. A community employer may limit access to other types of "equipment" in the work setting. Telehealth has become a widely-used tool since the pandemic. Several service types indicate a requirement for all staff to be trained in medication administration, that is an unnecessary mandate. Not all staff must be trained to administer meds, this should be handled like CPR/First aid where you just have a sufficient number of staff trained. (KSA 30-63-26) Make sure age and education requirements are consistent for all personal care services (including enhanced care, overnight respite). P33 exceptions related to children in foster care, would like to see this expanded to include not just licensed foster care living arrangements but also biological/adoptive family homes. The chances of these transitions out of custody being successful would increase if they can utilize HCBS supports. This would be similar to accessing adult services when transitioning out at 18, the need is there.	Thank you for your comment. This will be addressed further in the policy. **P. 33:** This would fall under a ROC, so although not called out specifically in the adoption section, it is being done in practice. KDADS will serve children who have been determined eligible for the IDD waiver who come into custody of DCF. Access to services will be available to those children immediately in accordance with the Crisis and Exception policy. Waiver services will only be provided to those children in DCF custody living in licensed foster care living arrangements or in their natural home as part of their reintegration. These waiver services will not duplicate services available under other resources. Foster parents of waiver participants cannot be the paid provider of waiver-funded supports to their foster child. Access

KDADS LTSS PUBLIC COMMENT MATRIX

S	Sender	Public Comment	KDADS Response
		Day Supports Would like to see the maximum number of reimbursable units increased to allow for up to 8 hours per day to be provided. This would help support the needs of family members who work full-time. Would suggest increasing the maximum for Supported Employment as well. Adding in the allowance for retirement activities is appreciated, but it would be beneficial to allow the "period of rest" to be in their home. Based on proposed language, it is not clear if someone 18 -22 still eligible/attending school could access day services on days when school is not in session. This is a concern when people in this gap start residential services and need some level of staffing support during the day when they are not in school. **Overnight Respite** the top of page 69 indicates overnight respite can't be provided by a participant's spouse, by a parent of a participant who is a minor child under eighteen years of age or by the unpaid primary caregiver. Midway down the page there is a statement that says "parents of minors and spouses must meet the provider qualifications for PCS". This information is conflicting. **Personal Care Services** pg 75 indicates services are provided by home health agencies when the service is agency-directed and that is not a correct statement. Some community service providers are not home health agencies that provide agency-directed personal care. **Residential Services** Would like to see the allowance for not just siblings but other family members who live together and want to utilize residential services rather than personal care services. Pg 82 please keep the allowance for services to be billed to support people in acute hospital settings. Hospitals do not provide the level of care that is often necessary for people in our services. **Structured School Aged Supervision**	to services will not be available for the purpose of maintenance (including room and board) and supervision of children who are under DCF's custody. **Day Supports**: Thank you for your comment. We will take this into account for future budget considerations. Thank you for your comment. We will review waiver language further. P. 69 Parents of minors and spouses must meet the provider qualifications for PCS after mitigation and exceptions can be made on a case-by-case basis. P. 75 The State is reviewing recent regulatory changes for HHAs. Residential Services: Other family members are allowed to provide PCS. P. 82 We will amend language to reflect this. KDADS is taking this into consideration. Thank you for your comment.

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
		Would like to see this expanded to include any age, particularly for family situations where more than one person in the family has PCS services and there is not a need for more than one provider to support them. Pg 86 middle of the page indicates allowance for parents of minor children and spouses can be paid, but below that the service delivery method is listed as "provider managed". **Home and Environmental Modification Services** There is a bullet listed under this section which references requesting bids for vehicle modification services, that is a separate service category being proposed. **Medical Alert Rental** Can we change the name of this service to Personal Emergency Response System…the terms are used interchangeably within the waiver document. **Specialized Medical Care** This notes that medically necessary SMC services for children under 21 are covered in the state plan pursuant to EPSDT benefits. We have a few kids in our CDDO area that are under the age of 21 receiving Specialized Medical Care as a waiver service that no longer meet TA waiver criteria. This is the service listed on their ISP. Thank you for considering this feedback!	P. 86Thank you for your comment. We will review this language. HEMS: Thank you for your comment. KDADS will review your suggestion. Medical Alert Rental: Thank you for your comment. SMC: Thank you for your comment.
31.	Monica Pfannes, Johnson County Developmental Supports CDDO	Day Services-The extension from six months to two years for medical documentation of chronic conditions for day services exceptions is greatly appreciated. If you could add complex service needs to this list that would assist greatly. During the listening session provided by KDADS a parent requested to increase day services from the max of 25 hours/week to 40 hours/week. This would assist in family members to continue to hold their jobs. Which might in turn allow people supported to remain in their natural home longer. The use of texting or phone usage should be allowable for service delivery. Virtual Delivery of service- this language should allow for more than one-to-one ratios. Other states have one person on duty and monitor multiple people at a time. As long as there is a backup plan in place if attention is needed in the home during the course of service delivery. Residential services- I would caution the use of ADA compliant in the regulations. People need accessible homes based on their individualized need.	Day Services: Thank you for your comment. Re: the 40 hour work week. We will take this into account for future budget considerations. VDS: Thank you for your comment. Residential Services: Thank you for your comment.

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
32.	Rick Elskamp, Parent/Advocate	The limit for paying day service providers a maximum of 25 hours a week needs to be changed and increased to reflect the actual time providing the service time. Most working parents work 8 hours a day, the limit of 5 hours a day is an unneeded burden on parents and short changes the day service providers. No wonder they have problems hiring workers. Allow them to bill for a full 8 hour day.Our tax dollars pay for this and this needs to be addressed. Thank you.	Thank you for your comment. We will take this into account for future budget considerations.
33.	Deb Voth Rainbows United, Inc.	1) Personal Care Services - There is no need to have a Home Health License for this service. All other qualifications are followed and should not matter whether through an I/DD affiliated provider or a Home Health provider. Both types can provide this non-medical service. 2) Structured School-Age Supervision - It seems this category could still go under PCS and allow billing on a ratio basis. Again, the provider does not need to be a Home Health license provider. Rainbows must be licensed as a KDHE Child Care provider in order to provide the center base group services to children under the I/DD waiver. These are non-medical services and do not need to be provided by a Home Health provider. These services will not happen if this change occurs. Additionally, the billing is not specified but indication through conversations with KDADS indicate it will be only on a 1:3 ratio. These structured settings provide care 1:1; 1:2; 1:3 DEPENDING	1) Thank you for your comment. KDADS does not have the authority to waive the HHA requirement for agency directed personal care services. 2) The ratio is up to 1:3, and can be provided on a 1:2 basis as well. The set rate will only be floor, meaning the MCOs can reimburse at a higher rate, depending on the member's needs.
34.	Kevin Fish AbilityPoint, inc	1) An affiliated provider should not have to be licensed as a Home Health provider whether under PCS or SSAS. These are non—medical services. The YESS program is community based support offering inclusion and integration. 2) Billing for SSAS is not specified in the Waiver draft. Through conversation with KDADS staff, it has been said that billing for this has not been decided but reference that it is likely to be 1/3 the current PCS rate. Depending on the individual needs of the child/youth, services are provided 1:1, 1:2, or 1:3. These change throughout the summer, again, depending on how an individual is doing at the time. We cannot provide this service based on 1/3 the current rate for everyone. 3) Ratio billing is only referenced under SSAS. There are at times families who have more than one child with I/DD in their home who want only one provider at a time. Ratio billing should be allowed to meet the individual needs of each family. 4) 32 units or 8 hours a day is a reduction from the previous PCS units. For working families, getting to and from work, additional hours are needed to provide adequate care and support. We recommend maintaining the PCS unit allotment which would allow for this.	1) As of right now, KDADS does not have the authority to waive the HHA requirement for agency directed personal care services. This requirement has existed in the waiver since 2019. 2) The set rate will only be floor, meaning the MCOs can reimburse at a higher rate, depending on the member's needs. 3) SSAS is intended to meet this need.

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
			4) Thank you for your comment. We will take this into account for future budget considerations.
35.	Aldona Carney Parent/Guardian	Sedation Dental services for adults with dual insurance, Medicare and Medicaid is virtually nonexistent. There needs to be better access and higher reimbursement rates to attract more dentists and anesthesia groups. This is a vital service for the health and wellness for so many with Intellectual and Developmental Disabilities including my 29 year old son with severe nonverbal autism.	Thank you for your testimony.
36.	Kara Walter Cottonwood, Inc.	I request that "full schedule" billing for supported employment be added. Cottonwood staff met with Michelle Heydon and her team in the summer of 2022. We explained that it is essential to maintain the capacity to respond in real time to individuals in crisis. Providers cannot afford to retain high quality supported employment staff who are only able to bill for face-to-face support. We were assured that this request would be addressed when the waiver was renewed. We again brought this up during the waiver renewal public feedback meeting on 2-27-24 in Junction City. We reminded KDADS staff that this request was made repeatedly during the limited work group activity around waiver renewal in the summer/early fall of 2023, but neither representative was familiar with the topic. This single issue will have a high impact on the state's stated goal to increase the number of I/DD HCBS' service recipients gaining and maintaining meaningful competitive, inclusive employment (more than just a few hours a week). Please add this allowance to the waiver renewal request.	We appreciate your continued advocacy on this issue. We are continuing to look at this.
37.	Travis Chapman Lakemary Center	1. Lakemary would like to encourage the day service description to include individuals 18 and over who are not eligible for extended school year services to be able to access day supports in the summer. 2. Will Shared Living contractors need to obtain their own day service provider number, or will they be able to contract this through the Residential Licensed Provider? 3. Lakemary would like to encourage the residential service description to include service provision in acute care settings. 4. Lakemary would like to encourage expanding the supported employment description to allow full schedule billing. 5. The description of virtual delivery of services is not consistent in all sections. Lakemary would like to encourage device costs be covered, and question the language of one-to-one direct care in a group setting.	1. This will be further clarified in waiver language to address this. 2. This is contracted through the Residential Licensed Provider. 3. Thank you for your comment. 4. We appreciate your continued advocacy on this issue. We are continuing to look at this. 5. Device costs is not covered, in following with CMS regulation. We will take this language suggestion into consideration when developing the VDS policy.
38.	Kristen Phillips AbilityPoint	An affiliated provider should not have to be licensed as a Home Health provider whether under PCS or SSAS. These are non—medical services. The Youth Education and Employment Program (YESS) program is community based support offering inclusion and integration. Billing for SSAS is not specified in the Waiver draft. Through conversation with KDADS staff, it has been said that billing for this has not been decided but reference that it is likely to be 1/3 of the current PCS rate. Depending on the individual needs of the child/youth, services are provided 1:1, 1:2, or 1:3. These ratios change throughout the summer, again, depending on how an individual is doing at the time. We cannot provide this service based on 1/3 of the current rate for everyone. Ratio billing is only referenced under SSAS. There are at times families who have more than one child with I/DD in their home who want only one provider at a time. Ratio billing should be allowed to meet the individual needs of each family. 32 units or 8 hours a day is a reduction from the previous PCS units. For working families, getting to and from work, additional hours are needed to provide adequate care and support. We recommend maintaining the current PCS unit allotment which would allow for this.	Thank you for your comment.

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	Sender	Public Comment	KDADS Response
39.	Elizabeth Schmidt Harvey-Marion County CDDO	IDD HCBS Waiver Capacity Appendix B is capped at 9491 Unduplicated Number of Participants for all five (5) years. If the KS legislature appropriates funding for 250 or 500 people on the waiting list, KDHE and KDADS must submit amendment to increase capacity in order for appropriation to be used and more people served. Thank you.	Thank you for your comment.
40.	SACK	Public Comment for IDD Wavier Renewal. The Self-Advocate Coalition of Kansas (SACK) would like to propose feedback on the IDD Waiver Renewal. We thank you for this opportunity. We appreciate the efforts made to approve the current waiver in a manner that will assure person-driven service delivery. Virtual delivery of service is a monumental change in the waiver. While we applaud the innovation in service delivery, we would like to see additional assurances in the waiver to safeguard participant choice. While it is stated that if a person wishes to discontinue this method of service delivery, it does not give a timeline for when that method of service must be removed by the provider. We have concerns that the participant may choose to not receive this service anymore and the service is not changed until the service provider is ready. We would like to have a timeline of when the change of service type will be completed. We also want to see assurances that every person who would want this service, has the opportunity to receive this service. If a provider has one home that is equipped for virtual delivery of services, would the participant have to move to that home? We would like to see that this service provision is available to all participants equally and not just those who live in a home that is already modified because it is simpler for the provider. We appreciate the change to day services that allows people of retirement age to engage in retirement activities for day program. While these exceptions are in the waiver for elderly and the medically fragile, we would like to see these exceptions being an option for people who do not want to attend day services. Day services is a person-centered service and we would like to see what choice people have who may prefer to be alone? Not all people prefer to attend a day program with many people and in a large, congregate setting. We would also like to see the daily hours of day services extended from the 5 hours, daily. This would allow more enrichment opportunities for people who attend services. The waiver also allows for shared living contractors to provide day service. We would like to see assurances that these services will be person-centered and meets the wants of the person and not the provider. To have one provider provide day and residential services opens up the possibility of a conflict of interest as the provider has a much closer relationship with the person served than a larger organization would have. How would the financial incentive for a shared living contractor to not provide day services to the person in service be mitigated to assure choice for the person receiving the service? In regards to personal care services (PCS) we appreciate the changes that will assure safety, dignity and respect. In the current employment climate, it is very hard to recruit and retain PCS staff. We would like to see assurances in the waiver that the MCO will work with the service recipient to attain workers. We would like to see MCO's be more generous with providing service recipients with information on how single-case agreements work and be more transparent as to what this entails. Not having a staff-especially overnight-creates barriers to the service recipient to being as independent as possible.	VDS: Thank you for your comment. All of your comments will be provided through the VDS policy and Provider policies. Retirement Services: Thank you for your comment. Re: Shared Living: Thank you for your comment. Re: PCS: We will review this request. We appreciate your advocacy.

KDADS LTSS PUBLIC COMMENT MATRIX

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
		Supported Employment Services- SACK would like to see the State utilize this iteration of the waiver to move toward the goal of Employment First. Employment First has been a mandate in the State for several years; but there is room for improvement. SACK would like to see assurances that each person has the opportunity to pursue employment and pre-vocational opportunities to assist them in obtaining employment. All people deserve to make a living wage that promotes independence and autonomy, while having the opportunity to pursue their goals. Special modifications, vehicle modifications and HEMS services are critical to independence for many people receiving services on the IDD waiver. As we have discussed in many inter-disciplinary meetings, the timeline it takes to get these services installed can be extensive. This has the potential to cause health, safety and independence barriers for many people. We would like to see the addition of a timeline for when these services must be completed by the MCO. This will assure that people receiving services and their circle of support have time to prepare a plan for services while they are waiting on the modifications. Targeted Case Managers are an important part of the services people receive. We would like to see language about virtual delivery of support plans being added to the list of plans that TCMs are required to complete. While it is implied in the waiver, we request that it be explicitly stated. In the past, there has been confusion between the MCO and targeted case manager about who completes what service. We believe that this new service must be explicitly stated to ensure completion. To ensure the successful provision of virtual supports, we believe that our TCMs should assist the person receiving this service in developing a virtual support plan that will assure the safety, dignity and choices of the waiver recipient.	Supported Employment Services: Thank you for your comment. TCM: Thank you for your comment.
41.	Sherry Arbuckle SG CO CDDO	<u>**Day Services**</u> **Retirement Activity** Appreciate retirement activities being included in the renewal as an allowable activity. Retirement activities may include an individuals need to rest and would ask wording be included that allows ***rest to be in the home as deemed necessary and as a preferable lifestyle choice as documented in PCSP***. Although there is language that allows for supports to be provided in the home if individual is frail or fragile requiring physician statement, would prefer to see “rest” in the home allowable without the additional required documentation. I think an approach of allowing if deemed necessary by the individual and their team, documented as a preferred lifestyle choice and documented in the PCSP should be sufficient. To require the additional documentation would add administrative burden to physicians, HCBS administrative network and it is not medical in nature and not an unusual activity of any individual in the retirement stages of their life. However, if required would recommend it be treated as a chronic and required every two years. **Day supports allowable for individuals still in school** During the public comments virtual session a question was asked, can an individual who is still in school, 18 years of age not planning to graduate until the age of 21, and does not have a transition plan currently developed access Day Services when school is not in session during the summer months. The response from KDADS was yes. However, I have concerns how the language is written, and the authorizer of the service may require all of the criteria listed be met prior to accessing, making access to day supports unavailable and that Personal Care Supports offered instead. Personal Care Supports may not meet the individual’s needs, preferred lifestyle choice nor be good use of limited workforce to support someone in their home 1:1 nor will help to retain skills learned skills during the school year. My concern is heightened by an experience with an authorizer interpreting language noted above disallowing access to day supports, resulting in many conversations with the MCO on this specific issue. Example being, Individual was 18 years of age when requesting waiver, had already graduated and because	Retirement: Thank you for your comment.

KDADS LTSS PUBLIC COMMENT MATRIX

<table>
<tr><th>S</th><th>Sender</th><th>Public Comment</th><th>KDADS Response</th></tr>
<tr><td></td><td></td><td>a transition plan was not written or could not be located ran into barriers for the individual accessing day supports. Situation was eventually worked through, but it is an example where authorizer required all criteria be met.
Recommendation
Clarify wording to ensure no confusion
Current wording reads: “Participants eligible for service through the local education authority shall not have access for reimbursement unless they are at least 18 years of age, are graduating from high school before the age of 22 and a transition plan is developed by a transition team that includes employment options. The CDDO will provide Options Counseling, which shall include employment as an option, upon request, or at least annually.”
<u>Suggested revision</u>:
Participants eligible for service through the local education authority shall not have access for reimbursement unless they are at least 18 years of age and are not receiving a like service through Individual Education Plan (IEP) or are graduating from high school before the age of 22 and a transition plan is developed by a transition team that includes employment options. The CDDO will provide Service options, which shall include employment as an option, upon request, or at least annually.”
Note: “and are not receiving a like service through Individual Education Plan (IEP)” was pulled from old HCBS language in 2000 and this language was clear and allowed for individuals to access day supports during summer months if they were not eligible for extended school year. Day could not be used to replace extended school year supports. “Options counseling” was replaced with service options. This change is being requested to ensure what has been a more formalized written process is required, rather each CDDO area can determine how it is delivered and how is documented etc.

Day Support maximum units
Would ask an increase in the maximum units of day supports during defined week to ensure full time working care takers do not have to jeopardize employment or force individuals be placed into residential service to continue to meet the needs of the individual.
As was discussed during virtual comment session, caregivers that work FT (40 hour week plus travel time to employment) are being forced to consider requesting residential supports due to not being able to cover work hours. Although Personal Care Services may be one option to consider, it is not as dependable, requires the individual be staffed 1:1 and may not be feasible due to workforce shortages. I would argue it is more expensive to the IDD system in dollars and workforce resources to not provide additional units of day as adding residential or PCS would be more expensive and more importantly not meet the individuals preferred lifestyle.

Recommendation
To meet the need noted above, would require the maximum units per day to cover FT employment and the unpaid caregiver’s travel time to and/from their employment to be increased to 36 units per day and 180 units weekly.

<u>Personal Care Services</u>

Recommendations:
It is my understanding there has been much confusion around the PCS provider must be licensed as a Home Health Agency per the requirements noted in the manual and driven by a statue needing revision. Although it has been allowable with the current language would ask that revisions be made to correct the waiver renewal language to ensure no confusion or requirement be made on the provider.
Although a new service for ratio billing was developed to address the needs of individuals not requiring 1:1 services through the Structured School Aged Supervision (SSAS) it does not address when there are multiple children in the home needing access to PCS services that do not require 1:1 supports.</td><td>Re: 18–21-year-old participants: Participants eligible for service through the local education authority shall not have access for reimbursement unless they are at least 18 years of age and are not receiving a like service through Individual Education Plan (IEP) or are graduating from high school before the age of 22 and a transition plan is developed by a transition team that includes employment options. The CDDO will provide Service options, which shall include employment as an option, upon request, or at least annually.

Maximum units: This is a fiscal request and will be considered in the future.</td></tr>
</table>

KDADS LTSS PUBLIC COMMENT MATRIX

S	Sender	Public Comment	KDADS Response
		Feedback from parents has been it is overwhelming to require multiple staff to come in their home when it is not needed. If it is the state's intention to allow one staff to work with multiple individuals and only bill units of service when engaged, current wording may be fine. However, if the authorizer of service would require multiple staff to enter the home to provide the service I would ask wording be clarified to allow. **Structured Center-based services** **Recommendations/concerns raised in provider network** Further billing clarification for Structured School Aged Services (SSAS) is needed. It is my understanding through conversations with KDADS staff, it has been said that billing for this has not been decided, referencing it is likely to be 1:3. Depending on the individual needs of the child/youth, services are provided 1:1, 1:2, or 1:3. Providers of the service believe that change throughout the summer depending on how an individual is doing at the time could cause complications. **Supported Employment** If we really want to make progress on Employment First Initiatives we have to make changes in how we design and manage the resources available to support Supported Employment activities. **Recommendations** Details regarding billable activity discrepancies within manual and waiver document need to be consistent to ensure no confusion or reliance on verbal direction of KDADS administrative staff of which manual to ignore is needed. Need to fund full employment schedules and incentivize building the right level of support and create a system less reliant on talking an MCO into providing authorizations for what is required for the individual to be successful. Authorizations should include ongoing support as needed to maintain employment to ensure job retention and providers a level of funding through the rates to have the ability to maintain capacity and availability. In regards to SE it seems like the authorizers focus is to allocate as little as possible rather than being strategic and flexible in their authorizations to ensure resources are available to support successful outcomes and ongoing success. **Appendix I** Not sure if it was KDADS intent, appears to be discrepancies among waivers requiring review and revision. **Public Comments** **Recommendations** I would like to see public comments managed differently to ensure a thorough understanding by individuals and families. An approach Kansas has taken for many years is to outline what has changed in public comment session. Although professionals that work in the system have an understanding the entire waiver is open for discussion families leave feeling as though they can only comment on what was presented as a change narrowing the conversation, rather than broadening it to what do you want to see in the waiver. It is not unusual for professionals to find changes not noted as a change requiring us to go through document word for word each renewal rather than having a marked up version to work from. I have heard many state staff respond that the template required by CMS is difficult to use and prevents them from providing	PCS:Thank you for your comment. Structured Center based services: Agreed. Further policy work and clarifications as to how to operationalize this service is warranted. SE: Thank you for your comment. We will review your recommendations.

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	Sender	Public Comment	KDADS Response
		this type of information. I would encourage CMS to review their template and processes and make it more user friendly for families/ individuals to understand and staff to work with. I appreciate the opportunity to provide comment and if you have questions please let me know.	Appendix I: We are making the recommended changes. Thank you for your comment.
42.	IDD Public Listening sessions	When referring to people living together, do you mean a single family dwelling?	Yes, but not limited to a single-family dwelling
43.		Are there specific providers for SSAS and where are they?	Thank you for your comment. We are reviewing these recommendations.
44.		Can you talk about the 20 hrs of training that was mentioned? Training use to be at least 10 hours of training. Personal Care Services for a Direct Support Worker. It appears it has changed over the years and never brought up	Thank you for your comment. We are reviewing these recommendations.
45.		Added billable limitations: I'm thinking that most of the service plans are at 460. Are these new numbers solid and there will have to be an ask for an increase from the MCO?	Yes, the MCO would be able to grant an exception
46.		RE: SSAS. what does school aged children mean?	Participants that are in primary and secondary education, including 18-21 year old programs.
47.		RE: SSAS. Will it matter if the children are on two different tiers. Will the support be weighted?	MCOs may authorize a single case agreement for instances in which support may nee
48.		R: Medically fragile exceptions. How is the extended timeline determined? Who determines it?	THE I/DD Program Manager makes these determinations. In accordance with Article 63 current medical documentation must be kept for 2 years. In the event of acute care needs, these should be reviewed more frequently.
49.		Yes, you're not changing much with the waiver and I don't know if this is the right forum to talk about amendments, but there was so much conversation last fall about that. Is that work reflected here and what does the next year or two look like? It sounds like this work could hold for a year.	Thank you for your comment. We are reviewing these recommendations

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
50.		I'm curious, I understand that people were assuming that the unbundling was in the works and that was going to happen. Many in our community were shocked when it hadn't taken place. The supported employment waiver, I remember KDADS said this would be addressed with full schedule billing.	Thank you for your comment. We are reviewing your recommendations.
51.		Added language regarding Retirement Activities: Are there age limitations/requirements to access this service?	This is a support under Day Services, so those restrictions apply. The participant must be 18 years old to bill for day services.
52.		Why was the 25 hour per week requirement removed from the day service definition? Current working is "out of the their home"?	Participants are not required to be out of their home for 25 hours per week.
53.		Medically fragile exceptions - To clarify - 6 month reviews for acute illness and 2 yr review for chronic condition?	In accordance with Article 63 current medical documentation must be kept for 2 years. In the event of acute care needs, these should be reviewed more frequently.
54.		What is the states plan and intent when it comes to unbundling? There has been a lot of conversation, depending on who you speak to, that pre-voc services will no longer be billable, to it will be fine, to whatever variation you have. How much longer do I need to not sleep at night? What direction are you intending to go in?	Thank you for your comment. KDADS is reviewing your recommendations.
55.		I still have a question concerning siblings receiving services living together. Does this current restriction to living together apply to a group home setting as well?	Yes. This restriction is being lifted.
56.		So, just because I know there's so much conversation regarding final rule. I'm curious what the intent is with quality assurance is if an independent living provider can then provide day services. Who is making sure this is above board?	Thank you for your comment. KDADS is reviewing your recommendations.
57.		I'm curious about the remote day services: it feels like when I read the renewal I'm not understanding. It says it needs to be done by a licensed provider for day services but then it says it can be done remotely. It could be helpful to me to see an example. What is an example of remote day services?	Thank you for your comment. Exceptions to day services are documented in the persons-centered service plan.
58.		If it has to be done outside of the home, and it's been indicated that the person needs day services, how is the provider providing remote day services to somebody?	Thank you for your comment. KDADS is reviewing your recommendations.
59.		Pigging back off of previous SSAS question...If a child is in a group setting, i:e summer camp, that 1:1 child will be billed under PCS? Maybe this will make more sense when the billing structure is released?	This might become clearer when the billing structure is released. We appreciate the feedback and recognize that there may be questions that require further consideration and information before providing a thorough response.
60.		Can someone living with a non-disabled roommate access drop-in residential supports? If so, why make the distinction of an adult sibling not being allowed to be the roommate? Once they are adults, this goes beyond 'natural supports.' Also, since adult siblings can be paid PCS workers, why would drop-in residential be different?	Historically, there have been barriers for family members living with someone receiving services.

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	Sender	Public Comment	KDADS Response
			However, choices about where to live should not be dictated by service receipt. Adult siblings can be paid PCS workers, but there may be distinctions regarding drop-in residential support. We need further clarification on the origins of these restrictions.
61.		Could you talk about the structured school age supervision a little bit more? We are a children's provider and know in the past there have been issues with KDADS and DCF about meshing the language. Does this have anything to do with IDD children's residential?	Thank you for your comment. We will review your recommendations and ensure the policy outlines a resolution to this issue.
62.		Does the Day language allow for an individual 18, but returning to school following school year to attend Day services during the summer rather than accessing PCS for caregiver unavailable? It has made more sense that the individual work on developing skills during the summer rather than staying at home.	We are looking at language to address this comment
63.		Do you have any anticipation on what unbundling might look like? I know we had workgroups and many came together but we are now kicking the can saying we will wait for amendments. Any ideas on how we might look at this going forward?	KDADS continues to work with CMS on this timeline.
64.		Who from your department has been involved with the amendment process?	KDADS Leadership and staff
65.		I thought the community support waiver was going to address people who are on the waiting list so I don't know what that has to do with this.	KDADS is working to develop the CSW.
66.		Can you tell us more about retirement activities and what that is going to entail?	Retirement activities are already being provided, we just formalized its existence.
67.		Are the retirement activities services out of the home for consumers?	Yes.
68.		Will the day services be able to be performed by shared living providers, too?	Yes.
69.		RE: Unbundling. I know the state has been in the RAI period with CMS. Is there any indication when this will come through? All information I have seen previously is that it was to be approved 1/1/24. Is there any indication of how close this is getting to being approved by CMS?	Thank you for your comment we are still working on CMS with this issue.
70.		On the assessors approval, is that still the program manager?	Yes
71.		RE: Supported employment. What is the difference than what is currently on the waiver?	Only billable unit maximums and an MCO exception
72.		Will licensing be a part of the shared living contracting process?	Yes
73.		What we have heard about providers using supported employment is that it doesn't reimburse enough. What is the current rate?	$28/hr
74.		Why even have the middleman with day services? It could be perceived that what they are doing for their percentage is risk. What would be the expectation for their oversight?	Shared Living contractors are at times able to provide more flexibility in choice for Day Services. And we are considering what additional oversight might be.

KDADS LTSS PUBLIC COMMENT MATRIX

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
75.		Will expectations still be the same for what is considered day services regarding shared living contractors and licensed providers?	Yes
76.		With shared living providers, it has been brought up that some states put a cap on the percentage providers can keep from the contractor. Has anything like that been entertained?	Thank you for your comment. We are reviewing these recommendations.
77.		With day services, if the contractor is providing day services, who bills for this? The provider or the contractor? For example, the contractor would work the morning shift and the provider would be paid for this?	The Provider does billing. The contract between the contractor and provider would indicate financial pieces.
78.		Regarding residential services delivered in the family home, if someone is married and living in the same house together with a wife on the waiver and a husband who is not, is there a concern with this?	Thank you for your comment. This is not a concern.
79.		On personal care services, what do you mean they "can be delivered in an acute care setting, like in a hospital?"	A PCS worker could provide services when the participant was in a hospital or other acute care setting.
80.		RE: Day Services is the intent to allow those in school to access day services? Does this change only impact those in the 18-21 range?	Yes, those that qualify for that program.
81.		Are rates part of the waiver renewal?	No
82.		How do you define supported employment units? Is it the same as day service units?	Yes
83.		You talked about the SSAS. Would this include a family that has two kids on the IDD waiver able to hire one person to take care of both?	Correct. This is not disallowed.
84.		SSAS, what age does it cap out at?	The language uses "school leaving age".
85.		Regarding assistive services removed and unbundled: what was the value in splitting them apart as it relates to navigating the system?	This was previously discussed in stakeholder feedback sessions.
86.		Were there any changes that were made in this version that were CMS driven?	Yes
87.		Will KMAP manual be getting updated to correspond with waiver language?	Yes
88.		If a shared living provider provides day service, is that outside the home or in the home?	That will be outside the home.
89.		Structured school age supervision – is that something that can be utilized at the same time as children's residential or is it seen as duplicate billing on the same day?	It cannot be utilized the same time as residential or day supports.
90.		Participant recommended to be able to have school age supervision that can be utilized at the same time as children's residential for the stability of children who need it in their routine during.	Thank you for your comment.
91.		Day support language – CDDO language is about waiver options, TCM, PCP – is the CDDO expected to reach out annually to do Options Counseling? Often confusion around "Options Counseling" – could it be called something different? Case Manager would be better for this vs. CDDO.	We are adding language in the waiver.
92.		On application pg. 79 about children's residential- rewording about number of children allowed to be served in the home (#2) has over the years caused hardship in resources. Limitation leaves a child to be in a structure with no other children with services – proposing to look at language to look at licensing with DCF language, which allows 4. To reduce concept of what a family is.	We will review language for this item.

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

s	Sender	Public Comment	KDADS Response
93.		Is there any necessary in the comprehensive waiver that needed to reference or connect or partner with the yet to come community support waiver?	Thank you for your comment. We are reviewing these recommendations.
94.		Will the Supported Employment definition be revised to include billing for the full employment schedule per the recommendation from the Waiver Renewal workgroup last summer?	Thank you for your comment. We are reviewing these recommendations.
95.		What about day service weather exceptions?	This is outlined in policy.
96.		With personal care services, are they still able to go to hospitals and still receive the personal care services?	Yes.
97.		Can someone living with a roommate can access drop-in residential services, why make the distinction about living with an adult sibling?	Currently, the waiver prohibits those accessing Adult Residential from living with family. We removing restrictions.
98.		Can you tell me what adding a two-person lift exception to the waiver means/changes?	No changes, this exception already exists in practice. An example would be someone unable to bear weight and the person needs 2 people to safely transfer/lift for transportation or bathing.
99.		Requirement for medically fragile exceptions extension: in the mean time do we still continue to get exceptions from drs. or start not getting them now?	Yes, doctors notes should still be provided.
100.		Retirement activities: all out of home or in home, also?	Out of the home, due to this being a Day Service
101.		460 units for Supported Employment can that person also receive Day Services? Can they get 460 of both or 460 total for all programs?	Please see your MCO regarding individual needs for services.
102.		Day services for age 18-21 program: what about homeschool students? Listed as needing a transition plan by transition team – which is a barrier for some home school kids, because they don't have iep/transition meeting.	Language was adjusted . Thank you for your comment.
103.		For the day services provided by shared living contractors, do those day services also still need to be provided outside of the home?	Yes
104.		Clarification on residential services: siblings or living with others on waiver?	Thank you for your comment. The language was adjusted.
105.		School age assistance: up to 3 children? Billing rates (1 to 1, 1 to 2, 1 to 3)? Limited to 8 hour day?	Thank you for your comment. We will take this into account for future budget considerations.
106.		Pg. 73 of amendment- change of supervision of non-foster-care participants. Why is this being added to the amendment? It feels like a significant change that would negatively impact foster kids and families.	This language is not a change in practice. There is language in other places in the waiver indicating that the assessment of need is non-supervisory.

KDADS LTSS PUBLIC COMMENT MATRIX

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
107.		Day supports related: Medicaid pays for 25 hours, what do parents do that need to work, but keep children at home when Medicaid only pays for 25 hours? Forced to put them in residential when they really want to keep them at home. Will there be a change (to increase the amount of hours)?	Thank you for your comment. We will take this into account for future budget considerations.
108.		Institutional Transition – why changing from 90 to 60 days?	To easily align with other waiver and programs.
109.		Virtual delivery of services – current language says it has to be provided by one-on-one basis. What if multiple individuals have devices, is that conflicting? Such as Night Owl systems providers are using.	Thank you for your comment. We will review your suggestions in policy development.
110.		Retirement services - appreciate addition of retirement style services, but advocates want to see flexibility for day services that don't push people out of the house 25 hours per week. Can this be provided in the comfort of their home?	Yes, with an approved medical fragile exception.
111.		Contradicting language about using waiver funds for purchasing virtual monitoring devices. Operators are waiver funded, so how do we pay for the devices any other way?	Thank you for your comment. KDADS will review this language.
112.		There are references to individuals choosing HCBS or institutional services. Is that outdated language? Institutional services are not offered.	Yes, we will update this language.
113.	IDD In Person Public Comments	Emergency alert rental: currently we don't have an approval code for installation and we have providers who can't bill for the installation, just the rental. This is allowed on other waivers. Please add in something about installation to be consistent across waivers.	KDADS will take this into consideration, thank you for your comment
114.		I have clients that work 20 hours a week and their hours are different than day service hours and it impacts the 460 units a month	Thank you for your comment.
115.		Manhattan is not well-served with services and SSAS services in other places are too far to travel to.	Thank you for your comment.
116.		I think we can potentially address the OC language concern in Day language with annual rights notification requirements calling out SE in materials shared at the time of the rights mailing annually.	Thank you for your comment.
117.		Barrier – age 22 instead of 21 – students only eligible thru 21st bday – gap between 21st and 22nd bday and services to receive. Some are waiting almost a full year until educational services are available. Long length of time between. Push back on getting approval for day services. Unless 21 and aged out of educational services or no longer eligible for educational authority.	KDADS will take this into consideration, thank you for your comment
118.		Feeling like there are unnecessary referrals to VR. When a person is non-verbal and known to not be eligible or suited for VR, but still required to apply for VR before being looked at for day services. Also falling in with age timeline and requirements with participants as they age out and allow day services to be authorized.	KDADS will take this into consideration, thank you for your comment
119.		Regarding day service hours: Why is it limited to 25 hours per week? Our daughter goes to day service while me and my wife work, the limited hours that they're open/ maximum allowed billing units is difficult to work around. Can this be increased to 40 hours per week? Seems like an unfair situation for providers to be putting in more hours than they are getting paid. Most people work more than 25 hours a week, the day service is only getting paid for that and regularly working more. It's not fair.	KDADS will take this into consideration, thank you for your comment
120.		There will be a lot of interest around the amendments.	Thank you for your comment.
121.		Across the state in the waiver, and #3 I think it is, in order to build your supported employment program you need to have staff. There is no reason to have a fade out plan if you can't build longevity in your program. There were concerns at that time that it wasn't an allowable activity from CMS and it's being done nationally in a lot of states.	KDADS will take this into consideration, thank you for your comment
122.		Cottonwood had a similar conversation about Full Schedule Billing for supported employment. We heard that the waiver renewal would be the opportunity to work on that.	Thank you for your comment.

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	Sender	Public Comment	KDADS Response
123.		(FSB) is not consistent across the state and not even MCO to MCO. It's become very contentious.	Thank you for your comment.
124.		Serendipitously, this (FSB) has come up in the legislature. It has been popular right now.	Thank you for your comment.
125.		Until we clarify the billing issues, the rate doesn't matter. We have the cart before the horse. From a budget, billing and planning perspective, billing and scheduling issues need to be handled first.	Thank you for your comment.
126.		To me, remote day services would be a ZOOM call.	Thank you for your comment.
127.		Please make sure that pre-voc services continue to be a billable service.	Thank you for your comment.
128.		The MCOS should do full schedule billing	Thank you for your comment.
129.		There are some for-profit providers around and I am worried about people taking advantage of that. I know you have to get an exception to do it and see how it could be provided (RE: virtual day services).	Thank you for your comment.
130.		The language in virtual day services is confusing and misleading. It needs more defining. It feels like COVID language but we are not in COVID right now.	Thank you for your comment. We are developing a policy to clarify any issues around virtual delivery.
131.		I know that the shared living provider is licensed at first but I don't know if they go out again. It would be good to have them go out more often.	Thank you for your comment.
132.		In Ohio, the shared living contractor gets 80% and the licensed contractor gets 20% and the respite is additional. Ohio was the state mentioned that puts a 20% cap on percentage providers can keep from the provider. They also had some assistance for respite built in for the provider, also. This is something to look into.	KDADS will take this into consideration, thank you for your comment
133.		Would you please include the ability to include personal care services during residential services, also?	KDADS will take this into consideration, thank you for your comment
134.		I would recommend Children Residential be able to access SSAS. Adult's using Adult residential care are able to access day services. Children cared by a licensed homes could use this resource for day services such as 1:1 care for day camps.	KDADS will take this into consideration, thank you for your comment
135.		With waiting for amendments there are not a lot of concrete things. I don't know if there's much more than can be brought up until we hear from CMS. It is a little frightening that we are not putting our own things out to CMS and we are waiting to hear from them and taking marching orders. We have had some experiences with some unreasonable CMS individuals who have done spot visits through Final Rule and this makes me a little bit nervous. From a business perspective, it's better to be proactive and positioning yourself to be ready for change than sit back and wait for it to be dealt to you. This is concerning. This is where collaboration over the years and over time could have been helpful. KDADS working with providers is not as collaborative as it could be.	KDADS will take this into consideration, thank you for your comment
136.		Sometimes people get caught in the middle where they lose waiver coverage because they've been in too long and not for the full 90 days. The change from 90 to 60 will improve on this.	KDADS will take this into consideration, thank you for your comment
137.		Please post the slides on the KDADS website	They have been posted. Thank you for your comment.
138.		The supported employment rate is low enough now that there are not enough providers	We are working on addressing this issue through our supported employment initiative.

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
139.		It feels like there are students who don't go to the next stage after 18-21 programs. Making changes here could be beneficial.	KDADS will take this into consideration, thank you for your comment
140.		We keep hearing, regarding employment, is transportation. I'm not sure what can or has been thought of but addressing transportation for employment on the waiver is a good thing and I would like to see it.	KDADS will take this into consideration, thank you for your comment
141.		Employment is a big issue and transportation is a bigger issue with it. Organizations have thought that instead of paying a taxi service, one of the employees/coworkers of the person served is paid to drive the person served to and from work. This would help increase community, also.	KDADS will take this into consideration, thank you for your comment
142.		I would suggest KDADS, licensing or other, reach out and give contractors a forum to gather information. There is lots of information out there and I'm not sure the system knows all the information that is going on in shared living. The system should be aware of the good and bad that is occurring in shared living. This does give me pause with checks and balances in protecting individuals and the contractors.	Thank you for your comment.
143.		Capacity is an issue statewide and particularly an issue in the Garden City area. There needs to be solutions so we can meet the needs of individuals in the areas. It isn't just SW Kansas it's all over the state.	Thank you for your comment.
144.		The new language isn't a restriction, but the current policy appears to be. (Regarding institutional transition).	KDADS will take this into consideration, thank you for your comment
145.		"School aged" speaks to a cap on an age. People can stay in special ed longer. I would like to see SSAS go up to age 21.	"School aged" encompasses those who are presently enrolled in school, including an 18-21 program.
146.		There is a lot of change in the waiver. What has been discussed will be good changes but there is probably something we are not thinking of.	Thank you for your comment.
147.		On application pg. 79 about children's residential- rewording about number of children allowed to be served in the home (#2) has over the years caused hardship in resources. Limitation leaves a child to be in a structure with no other children with services – proposing to look at language to look at licensing with DCF language, which allows 4. To reduce concept of what a family is.	Will look at language to address comment
148.		Individuals should have the option to utilize Day Service up to 40 hours	Thank you for your comment.
149.		On Page 33 discussing children in DCF custody it says "KDADS will serve children who have been determined eligible for the IDD waiver who come into custody of DCF. Access to services will be available to those children immediately in accordance with the Crisis and Exception policy. Waiver services will only be provided to those children in DCF custody living in licensed foster care living arrangements. These waiver services will not duplicate services available under other resources. Foster parents of waiver participants cannot be the paid provider of waiver-funded supports to their foster child. Access to services will not be available for the purpose of maintenance (including room and board) and supervision of children who are under DCF's custody." I think this needs to be rewritten. A predecessor read it literally. This has been a problem because a child who was in DCF custody and was transitioning home and needed support to be successful and was unable to access IDD supports.	Will look at language to address comment
150.		On page 50 of the waiver there is a performance measure that says: "workplan to be implemented July 2025." It discusses numerator and denominator and says July 2025. This may be a typo.	Thank you for your comment, we will review.
151.		Page 12 regarding virtual supports: There are references to use of visual supports. It seems to refer in one part with a focus on bedrooms and bathrooms with consent and then says it is not permitted in bedrooms and bathrooms. The language on this is confusing.	Thank you for your comment. KDADS policy will aid in expanding the language.

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

s	Sender	Public Comment	KDADS Response
152.		Page 12 regarding virtual supports: The use of virtual supports in settings should be scrutinized if it has support from individuals living in these settings. There are valuable pieces in monitoring and supporting people better, especially those who struggle to communicate. I'm not sure what the clarification was added for, and I am hoping that virtual supports would not be restricted in this way. Please check this language.	KDADS will take this into consideration, thank you for your comment
153.		Page 77: "The participant is responsible for documenting the training." The sentence "documentation must be provided to the CDDO" I don't think this is necessary and if you could take it out that would be great.	KDADS will take this into consideration, thank you for your comment
154.		Home Health Agency, SSAS, etc. all list home health agency and home health license. That is a big change. Personal care service is not a licensed service. The only home health service I have affiliated with provides specialized medical care. This language is limiting and changes in a way that I don't think is helpful. I don't think we should list "Licensed home health agency" for these services. This needs to change.	KDADS will take this into consideration, thank you for your comment
155.		In regards to the (institutional) transition. The 60 day could impact when a TCM can be engaged and think that having the ability to have the TCM engaged and their activity billable may be an issue.	KDADS will take this into consideration, thank you for your comment
156.		I think that for people who come into crisis and enter the system, there should not be lengthy delays in the authorization side/state side because it is a crisis. Again, it is not exactly in the line with this waiver but it is something we should be aware of and work on as a responsive state.	KDADS will take this into consideration, thank you for your comment
157.		It would seem that authorization to bill on an inclement weather exception, it would only surface if there is an audit and the current process could be handled quicker and easier.	Thank you for your comment.
158.		Expand personal care services to adult residential services vs. just personal care services by definition.	KDADS will take this into consideration, thank you for your comment
159.		If you had a residential provider that needs support in a hospital setting, a hospital may not know how to support and the billing can be cut off. This is a huge problem. Please address this.	KDADS will take this into consideration, thank you for your comment
160.		Page 77: "The participant is responsible for documenting the training." The sentence "documentation must be provided to the CDDO" I don't think this is necessary and if you could take it out that would be great.	KDADS will take this into consideration, thank you for your comment
161.		Expand personal care services to adult residential services vs. just personal care services by definition.	KDADS will take this into consideration, thank you for your comment
162.		Hospitals are understaffed and unable to meet all of I/DD needs. Without residential supports we see a gap in services and we want to have residential services included in acute settings.	KDADS will take this into consideration, thank you for your comment
163.		I want to have an increase in the amount of hours provided to day service programs. Currently only allowed 5 hours per day, as working mom I am away from home 9 hours and it's impossible to find care for my child after the adult day program.	KDADS will take this into consideration, thank you for your comment
164.		On family members living together, would you consider adjusting to living with a family member who is waiver eligible. We have served some siblings who were placed on the waiver at different times and one might get waiver funding before the other but they might want to live in an apartment together during that time	KDADS will take this into consideration, thank you for your comment

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
165.		Conflicting language about background checks and other checks. On multiple pages it says all staff must be trained in medications, but not all staff pass medication, so we would like to have language changed to clarify that all staff passing meds must be trained in medications.	Thank you for your comment. We are reviewing this language.
166.		There is language that says all staff must have their driver's license checked, but we have staff employed that don't drive or have a license. We do verify through other means, and want to make sure we can continue doing that.	Thank you for your comment. We are reviewing this language.
167.		I appreciate the changes to institutional transition.	Thank you for your comment.
168. Thank		There needs to be clarity about conflict of interest as it relates to CDDOs and guardianship.	Thank you for your comment.
169.		Thanks for the work on this renewal. I think there are some really great changes here.	Thank you for your comment.
170.		On Pg 33 the language regarding foster parents being unable to paid should have a provision for exceptions. Due to the work force crisis this may be necessary. Foster parents should be paid for the extra support they provide their foster children when other help is not available and they are forced to quit a job. Also, a the policy for exception services either needs to be updated or the language should be changed to reflect that all children who enter foster care are immediately eligible for waiver services if they are eligible. Going into foster care is a crisis in itself. On Page 37 Under Exception Access bullet point 2 is derogatory towards foster parents. the comment about "or services that should be provided by the foster parent". Services necessary to support the needs of the disability are not normal foster parents duties. The daily rate foster parents receive does not cover such services. On Page 65 regarding Day Habilitation this number should be increased to up to 720 units in a month or up to 8 hours per day for 5 days per week. In addition these days should not be restricted to Monday through Friday because not all work schedules are M-F. This would better support individuals who choose to continue to live in their families home and who have primary caretakers who work outside the home. Currently families who work are forced to consider residential care which has a much higher cost and does not allow for consumer choice. Also on Page 65, the criteria for Inclement Weather should be simplified. In addition please consider matching the Social Security guideline for reevaluating a Chronic condition every 5 -7 years. On Page 68-69 regarding overnight respite consider changing to reflecting language to state the primary caregivers are able to receive periods of relief. Whether paid or unpaid primary caregiver always need a break. I would also recommend changing the language regarding foster parents as well as they also deserve a break. The person that suffers from language like this is the person receiving services. On Page 69 children receiving care in a licensed foster home should be allowed to self direct when agency based care is not available. This exception is noted on page 75 and should be consistent. On Page 73 the language in bullet point 4 is a major change and should return to the prior language, It should read, Supervision, health, safety and welfare. The words of non-foster care participants should be removed.	Pg. 33: Thank you for your comment. Pg. 37: Thank you for your comment, we have updated the language. Pg. 65(a):The waiver does not restrict what days or hours of the day that Day Services is provided. We will take the suggestion of increasing to 8 hours per day into account for future budget considerations. Pg 65(b): Thank you for your comment. We will review your recommendations. Pg. 68-69: Foster care does provide 2 days of respite care per month. Thank you for your comment. Pg 69: Thank you for your edits we will take this into consideration. Pg. 73 Thank you for your edits we will take this into consideration.

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	Sender	Public Comment	KDADS Response
		On page 77 the language about the age of participants should remain 16 however the language about unless a sibling puts hardships on families. Most 16 year olds could get a job outside the home and it is not a natural support to help a disabled sibling when they reach they age that they are elgibe to work This puts undo hardships on families and eliminates choice. On Page 79, thank you for including language about shared living settings! On Page 79 the rule about not having 2 children unrelated also puts a hardship on the foster care system as well as children with disabilities. Maybe consider language that would say if 2 or more participants than an exception is required from DCF and KDADS after the children's needs and best interest are evaluated. For example, would it be better for a child to live in a foster home where there are 2 other children with a capable family or be forced to live in an institution? The same language regarding 2 children is on 82 and needs to be evaluated based on the above comment. On Page 103 the language for HEMS should also include greater independence and to create a safer, healthier environment should also increase quality of life. Improved quality of life is shown to produce better health outcomes. Specifically under instances the Generator to support medical and health devices that require electricity but should also include if the patients health and well being is dependent on electricity for their care. You can power the machines but in instances where people have health conditions that they are unable to regulate their body temperature, maintaining air and heat are also critical. In addition, if someone receives that level of care they also depend on a caretaker who needs to be able to see and move around the home. The generator needs to support not only their devices but their medical needs as a whole. Thank you for adding language that states" any home modification not listed here but determined to be of remedial benefit to the participant by a qualified healthcare provider is appreciated. Our experience with this process was nothing short of a nightmare and took close to 2 years to come to an agreement with SUnflower Health Plan. In fact, we were not able to complete it prior to our daughter's death. That is an unacceptably long process. I have included my testimony to the Bob Bethel Oversight committee and appreciate that you all have made some update to the language in the waiver renewal. https://kslegislature.org/li/b2023_24/committees/ctte_jt_robert_g_bob_bethell_joint_committee_1/documents/testimony/20231011_04.pdf On page 103 the language Under home and Environmental Services the language should be removed that would require families to apply for grant funded sources or any unnecessary steps that only delays the process. Also language needs to be included that says that the bids should be in compliance with ADA standards. The needs of the client needs to be discussed and approved then a bid for such modification would be the next steps. IN the current process the MCO's have the latitude to deny services because of the cost prior to establishing an agreed upon modification need. The process needs to first include approval that the modification is needed and then bids secured after the MCO's have approved the scope of work On page 104 again consider modifying language regarding generators to comments above. Also, if an elevator is the necessary accommodation then why exclude it?	Pg 77: Exceptions are allowed please contact the MCO for further information. Pg 79: Waiver language will be updated. Pg. 103: these instances and definitions will be developed within the policy. Pg. 104: We are working to address these issues in policy. Thank you for your continued advocacy.

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	Sender	Public Comment	KDADS Response
		On page 111 under specialized medical care the language should reflect that of the TA waiver and remove 12 hours max and put based on the assessed needs of the individual. On page 113 when Specialized Equipment is discussed their needs to be the provision for adequate medical supplies such as G-tube, trachs, suction machine, suction supplies, gtube supplies, oximeters, patient lift systems, beds, etc. Children on the TA waiver will transfer to the IDD waiver at age 21 and these supplies are still necessary and participants should be able to access these items without multiple appeals. On page 117 the same concerns as home modifications. Please consider removing any language that requires families to beg community providers and streamline the process so there is consistency with all the MCO's. Home modifications, medical supplies and vehicle modification are typically needed as soon as possible to protect the health and safety of the members. The longer the processes the more likely it is for variation, denials and delay of benefits to recipients. On page 21 under other health and therapeutic services. Please consider covering weight monitoring and paying for things such as blender for individuals who require a pureed diet. In addition other types of therapeutic therapies such as equine therapy and aqua therapy can be tremendously helpful for individuals with mobility and behavioral issues. It would be helpful if there was a direct feedback loop for services that are denied to waiver participants and a clear grievance policy. Creating incentives for providers who are willing to serve individuals with more complex medical and/or behavioral needs would help with network capacity. Also creating incentives for agency providers and FMS providers to develop a career ladder or DSP incentives would assist with the care crisis. Thank you for the opportunity to provide feedback and thanks to the state staff who are working so hard on this renewal, it is a heavy lift!	Pg. 111: Thank you for your comment. We will address these issues within the policy. Pg. 113: Thank you for your comment. Pg. 117: Thank you for your comment. We will address these issues within the policy. Pg. 21 Thank you for your comment. We are currently working on initiatives to address these issues.
171.	Rachel Neumann, COF	After careful review of the amended language, I want to share recognition and appreciation of your efforts to improve the IDD Waiver, which were evident in many of the changes made in the proposed draft.	Thank you for your comment. We are reviewing these recommendations.

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	Sender	Public Comment	KDADS Response
		There are some critical items that I urge you to include or adjust to further amplify the positive impact on these waiver recipients. We are in a time in the IDD system, where modernization is not only preferred, but necessary to maintain the system. Continuous steps towards building a more modem and flexible system will help improve the experience for KDADs, CDDO, MCO, CSP, and most importantly the individual. The following are my recommendations to continue to push Kansas forward towards a strong and resilient IDD Service System. 1. pg 82: <u>Residential Services in Acute Care Settings-</u> While this language is included in the cnrrent waiver draft, it has been commented that there was some intention to remove this billing option from Residential Services and only approve it for PCA services. I urge you to consider the health and wellbeing of the individuals, many with complex needs, in the residential services and the negative experiences they face without familiar care during hospital stays. I have many case examples both in my professional experience as well as from colleagues that display evidence of the benefits of familiar care during acute hospitalizations. Some of these benefits are outlined below: 1. **Access to familiar care during acute medical conditions increases the likelihood that the individual will receive necessary medical care.** Hospitals are also understaffed and in many cases, individuals are not being admitted when they need to because the hospital doesn't have the resources to meet their non-medical needs. Additionally, individuals are more compliant to medical interventions with they have familiar support staff around them. 2. It **increases the likelihood that the entire picture is seen.** When familiar staff are around, they can better describe changes of condition, new signs and symptoms, and other concerns that help hospital staff understand what the individual is experiencing. 3. It **decreases the likelihood of additional errors or complications.** Familiar staff can help prevent critical errors such as prescribing medications that the individual had a bad reaction to, being fed a food that is not the right consistency or may lead to resistance in eating, etc. Individuals we support have experienced choking caused by food that didn't follow their diet, refusal to eat or drink for multiple days, medication errors, and many more adverse side effects when they have not had familiar staff present during hospitalizations. It **decreases hospitalization time and improves healing.** Healing requires support at a comprehensive biopsychosocial level. Hospital staff are trained to address the bio (life) side as much as possible but are not specialized or familiar in meeting the needs at the psychosocial level. Not only do familiar staff know how to help with the bio side (such as what they like to drink, what texture they like their food, preferred temperature of their shower, etc.) they are familiar with the psychosocial needs of the individual (such	

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
		as triggers that might prevent compliance to care, tone and language to use to help them feel comfortable, etc.) and can help provide those things to enable the individual to heal. ***Recommendation:*** *Maintain language for residential care in acute settings and improve health outcomes for all Kansans with !DD.*	
		2. pg 62 and throughout: <u>Virtual Delivery of Services-</u> There are multiple concerning language choices throughout this section that will likely limit/prevent providers from maintaining continuity ofcare. o **Must be specifically requested by the individual and can be changed at any time-** Depending on the interpretation of this could lead to significant negative implications on other individuals served and the provider. Example- If an individual lives with others who also chose virtual delivery style and only one individual decides they prefer in person staff during the scheduled virtual delivery, it infringes upon the choice for others. Any change in preference would also require time to adjust to and would not be able to be changed "at any time". ***Recommendation:*** *I would suggest language that allows for specialization in locations, recognizing that change in preference may result in individuals needing to transition to alternative care settings. Will also need flexibility to the provider to adjust to the change in preference as a change in preference can't be met "at any given time" and the provider wpu/d need time to adjust, hire, etc.* o **Day Services-** Notes that virtual supports can be provided for day services at the location of their choice but other language indicates day services can not be provided in the home. ***Recommendation:*** *Clarify language to indicate how or where the individual might receive virtual delivery of support in the day program .and what settings are permitted.*	Thank you for your comment. We are reviewing these recommendations.
		Must be able to see and hear- this is over restrictive and limiting. In our current virtual delivery service model with Night Owl Support Systems (NOSS), we have devices that monitor need for support in a less invasive manner. When we added devices with an on demand video and audio system, we received scrutiny from KDADs members that this was overly restrictive and unnecessary. Historically we have	Thank you for your comment. We are reviewing these recommendations.

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

<table>
<tr><th>S</th><th>Sender</th><th>Public Comment</th><th>KDADS Response</th></tr>
<tr><td></td><td></td><td>also used models with smart homes which allow individuals to page and talk to staff to open a drawer without needing face to face interaction. In a program where the we highlight the benefit of the least invasive methods, I don't see the need for going straight to most invasive virtual support delivery. Recommendation: Adjust language to allow flexibility for virtual delivery of supports in least invasive manner which adequately meets the individuals needs and/or meets the preference of the individual served.

o Virtual delivery is not used for provider convenience- I am concerned for interpretation of this as well. How would you define provider convenience? <u>There are more open positions in Kansas than there are people to fill them</u>. Based on population demographics, that picture is only getting more bleak. Virtual delivery of services is going to be critical for individuals to be served and receive continuity of care. It is not convenience, it is necessity.

Recommendation: I suggest removing that statement as appropriate safeguards are in place elsewhere with ensuring individuals needs are met and they are aware of and consent to that model of care. If you insist on keeping it, it would need to be rephrased to clearly identify what KDADs would define as provider convenience.

o Must be included in provider service plan- it is currently expected that outline of the virtual services are included in the PCSP per individual. I am unsure what you are requiring by indicating that it is included in the provider service plan. Maybe I am missing something as I am just not familiar with that language. Possibly referencing an individual service plan?

Recommendation: Clarification of what you are expecting when they indicate provider service plan.

o Must be provided on a 1:1 basis-This is overly restrictive and unnecessary. One DSW is permitted to support more than one individual in person and it does not make sense to not allow the same ratio in a virtual delivery model.

Recommendation: Remove this limitation

o pg 63:Waiver funding will not cover cost of devices-Throughout page 63 is references that waiver dollars can't be used but also references that this is an operating cost. Provider operating costs are also covered by waiver dollars so this is contradictory. While many providers are trying to diversify funding, few have reliable/regular income outside of waiver dollars to guarantee that any contract payments for devices could be covered by alternative funding.</td><td>Thank you for your comment. We are reviewing these recommendations.

Thank you for your comment. We are reviewing these recommendations.

Thank you for your comment. We are reviewing these recommendations.</td></tr>
</table>

KDADS LTSS PUBLIC COMMENT MATRIX

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
		Recommendation: *Remove this limitation* 3. Retirement Services- With the requirements that currently exist in day services out of the home, the addition of this changes nothing. The benefit ofretirement services would reduce the amount of time that the individual needs to be out of their home (due to exposure to weather changes, wear on their body, having a hard day, etc.). Allowing them to receive services at home doesn't mean they will never get out, it just means they will have the flexibility to stay home when they need/want to and still have access to funded support staff. ***Recommendation:*** *Add language to allow retirement services to be provided in the residence OR add language to allow retirement age tq be a qualifying condition under day service exception to request at home exception.* 4. Day Services verses Smiported Employment- Language indicates that day service funding ca1111ot be used for a service that meets the definition of supported employment. We have had issues with MCOs approving full funding for Day and Supported Employment to ensure that the individual has continuity of care when their schedule changes. For this reason, we usually stick with day service funding only for individuals who work less than 15 hours in the community. This is a problem that will likely be exacerbated as they continue to unbundleservices. ***Recommendation:*** *Add language to outline that individuals on the waiver should be permitted to receive full unit allotment for day services AND Supported Employment. I feel that access to full units of both is appropriate as they are different services but if KDADs prefers to limit to the total billable units, you can add language to indicate that individuals can be permitted to total units of both in ISP but are limited from billing more than 480 units of day services and supported employment combined.* 5. pg 66 and throughout: Med Administration Training- Notes that all staff must be trained in medication administration but not all staff are expected toadminister medications.	Thank you for your comment. We are reviewing these recommendations. Will look at language to address this comment.

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
		Recommendation: *Adjust language to "All staff expected to manage and/or administer medications must be trained in medication administration".*	Will look at language to address this comment.
		6. pg 125: Driver License Check- Notes that all staff will have driving record checked through KDOR but not all employees have a driving license nor are they required to drive. ***Recommendation:*** *Adjust language to ''All staff who have a driving license and are required to drive must have their driving license check through KDOR*	Thank you for your comment. We are reviewing these recommendations.
		7. pg 77: Age ofDSP in HCBS Residential and Day- Many services such as Overnight Respite or PAS outline age restrictions for service providers but there is no clear restriction on IDD. This has led to significant chaUenges for many providers due to differing interpretations. ***Recommendation:*** *Add clear age requirements for DSW under Residential and Day Support Waiver to 16 years of age to align with age requirement for a person to obtain their CNA certificate and work in similar long term care settings such as nursing homes.*	Will look at language to address this comment.
		8. pg 79: Siblings/Family Members- This language change is a great first step in expanding residential choice for service recipients but the language of the "family member receiving IDD waiver services" is too limiting. I believe the intent is to exclude individuals from living with a family member who is able to meet their needs so it should be expanded to capture family members who are unable to meet the needs due to their own illness.	

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
		Recommendation: *Change language to something like "..except when the family member has been assessed and determined eligible for waiver services in Kansas"*	
		9. pg 214: Reportable Medication Errors- language specifically calls out the requirement ofreporting medication errors that result in emergency medical treatment or injury to the person through AIR. Also notes that those errors resulting in injury must be reported to DCF. However, providers are beingrequired to report any medication error that **could** cause harm through the AIR system. Additionally, providers are being instructed by licensors to report other medication errors to DCF for neglect, even when there is no emergency treatment or injury resulting from the injury. We are not trying to hide information but this expectation adds administrative burden and per waiver language is unnecessary. This also has led to unnecessary scrutiny from MCOs while similar medication error trends are present in hospitals through administration errors oflicensed nurses which do not require the level of reporting that we are asked to do. ***Recommendation:*** *Adjust AIR medication error reporting language to be in line with waiver language AND train Licensing and PIC staff on what medication errors are expected to be reported through AIR and/orDCF*	Thank you for your comment. We are reviewing these recommendations.
		10. pg 58 and throughout: Choice of institutional care or HCBS- Language indicates that all individuals should be offered their choice'ofinstitutional care or HCBS services. This is outdated and no longer practiced. Beyond that, institutional care is further restricted through the Gatekeeping process. ***Recommendation:*** *Remove this language*	We must recognize the person's choice to waive their right to institutional care.

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
		<u>11. Change in Institutional Transition Timeline-</u> This is a great addition and will reduce cost of extended stays, benefit individuals served by smoother transitions, and reduce administrative burden of unnecessary crisis requests. No recommendations. Thank you for this change!	While not called out specifically, these cases are covered under Release of Custody exception.
		<u>12. Crisis Funding for those in DCF custody vs. adoption-</u> The state reserves spots for crisis funding for those who are in DCF custody and/or in foster care but does not have the same flexibility for those who were adopted. This disincentives people from adopting children with !DD and reduces security provided to those children through adoption. ***Recommendation:*** *Add language to include children with IDD who are adopted in the State of Kansas in this crisis exception process.*	Will look at language to address comment.
		<u>13. CDDO Assessor Experience/Education Requirements-</u> There is an outlined exception for CDDO assessors to the education/experience requirements but not for TCM. TCM recruitment and retention is suffering significantly and adding a similar exception process will likely help increase the number of TCMs in the State and help the State to better meet their obligation of providing TCM services to all who are eligible. For example, I had lifelong !DD experience growing up with a sister with complex needs and IDD but did not have the 6 months paid experience to qualify when I first began my career in the !DD field. Because of this, I almost took a job for a case manager on the mental health side because this allowed me to work under someone with the experience to gain mine.	Will look at language to address comment.
		14. pg 91: <u>SE not authorized out of home-</u> There are multiple areas where the waiver allows flexibility for individuals who run a business out of their home. This should also be applied to SE as those individuals will likely require the same access to support as someone working in the community. ***Recommendation:*** *Add language to allow exceptions for SE to be provided in the home to an individual running an at home business.*	Thank you for your comment. We are reviewing these recommendations.

KDADS LTSS PUBLIC COMMENT MATRIX

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
		Other comments not necessarily directly tied to waiver: 1. Conflict of interest mitigation- the waiver calls out conflict of interest and steps to mitigate conflict as it pertains to guardians and service provision in multiple areas such as Overnight Respite, PCA, etc. However, there is no direction on whether this is seen as a conflict or ways in which to mitigate this conflict when CDDO or providers serve as guardians for someone in their services. The Kansas Guardianship Program will not allow guardians from providers or CDDO when established state appointed guardians. If the State holds that position through KGP, presumably, the State may apply that position across other areas in the future. Individuals who are tied to the system are often the most informed about the requirements of guardianship and as such, guardianship is often established with CDDO members or professionals in the field through private guardianship. Also, Guardians of individuals make ideal employees in the field because they understand the core values of direct care. In rural areas, if a guardian wants to work in the system, the individuals may not have a choice of alternative CDDO or providers in the area. As a service provider, we put boundaries in place ensuring a guardian does not work in the service setting that their ward receives services. On the CDDO side, another CDDO representative performs annual assessment or other CDDO functions. My concern is when a decision has to be made, it is possible that KDADs will line up with KGP conflict of interest stance. If this is the case, this causes multiple current guardians to be out of a job or require relocation of multiple individuals served. The longer we put off taking a stance on this, the more likely the negative impact of any changes would increase. I think it would be prudent to begin discussing this now rather than wait for more fallout in the future. Once a decision is made on how to address this conflict of interest, I request that the State consider a transition plan for those affected to get into compliance. 2. FMS agencies and self directed services- I believe one of the reasons self directed services is not successful for many Kansans with IDD is the amount of expectation placed on the individual which many of them don't have the capacity or ability to meet. For example, they are expected to hire, train, conduct disciplinary action, and terminate if necessary. Those are hard things for me to do as a (mostly) neurotypical person. I recognize the intent is to give the individual control which is great, but many struggle with getting their needs met because they don't have the skills to address the issues. Many who choose self-directed services want some of the responsibilities they are given, but not all of them. I would love to see a resource center where they could ontsource	Thank you for your comment. We are reviewing these recommendations.

S	Sender	Public Comment	KDADS Response
		some of those controls or seek help when they need it. It seems like since FMS agencies already take on some of those administrative functions, they would be an ideal agency to assist in that mauner and partner with the individual on addressing anything they might need help with. For example, if an individual's PCS worker is constantly showing up late or smoking in their home but the individual doesn't know how to address it, they could reach out to the FMS agency to get help in addressing the concern and potentially avoid losing their PCS worker. 3. HEMS and Residential Waiver- Waiver language notes that home modifications can be substituted for PCS services but does not mention residential. It doesn't specifically note that those receiving residential services are not eligible but we have always been told that they caunot access those funds. Additionally, in most cases, home modifications are needed in conjunction with, not as a substitution for direct care, to increase independence and autonomy. Access to home modification is critical for many individuals with IDD including those receiving residential waiver services. Waiver langnage also indicates residential services cannot be used to cover room and board and funding is determined accordingly. This leaves little room for·waiver dollars to adequately cover the cost of home modifications that many individuals need. With the push for community based housing, this need is going to go up and the system needs to be prepared for adequately supporting individuals in living successfully and as independently as possible in the community. 4. APS determinations- pg 191 notes that APS determinations are always shared with KDADs but these are not always shared with the provider. We might get an inquiry about an APS intalce and never hear from APS again. Though we can generally assume that no news is good news, not receiving a record of the determination leaves our staff in a long term state of anxiety that is unnecessary ifKDADs is being informed. I would like to request that KDADs add CSPs into the notification of determin tion or at least send the notification to the appropriate provider when they receive them.	Thank you for your comment. We are reviewing these recommendations. Thank you for your comment. We are reviewing these recommendations.
172.	Nick Wood, InterHAB	**Quality of Public Comment Process** KDADS has not provided sufficient detail about many of the proposed changes and the lack of information means that the public cannot meaningfully comment on what KDADS has proposed. First, despite the convenience of creating one email address to send public comment to, KDADS has instead opted for an "Online Comment Submission" that requires commenters to 'cut & paste' language into a small dialogue box	Thank you for bringing this to our attention. We have verified with CMS that our public comment process meet the required regulations. We will take your suggestions into

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	Sender	Public Comment	KDADS Response
		on the Request for Public Comment landing page. It is not possible for the commenters to view their own comments in the dialogue box before hitting 'Submit' impossible to tell if one's own comments are complete before submission. There is no confirmation that the comments have been received through this online application. There are also several areas in the waiver draft that contain new language the purpose of which was not explained before or during the public comment period. When KDADS staff were asked about some of the changes during public meetings, they admitted they did not know the meaning or rationale for including the language. One example is the new language for HEMS, SMES, VMS, and the accompanying language for "Virtual Delivery of Services". KDADS did not inform stakeholders that they would be removing *Assistive Services* from the waiver service array despite being directly asked in past months by stakeholders verbally and in writing. Additionally, the new service definition for Structured School-Age Supervision (SSAS) does not contain information on rates which is critical for evaluating the impact of that new service. Another example of language in the draft waiver renewal that was not available for review is in the new section under Appendix I, which contains a reference to a 'Special Terms and Conditions' document for the new 1915b/c managed care waiver. State staff have indicated that this document may not exist but also that it could be implemented at some point in the future. This document is likely very important to the overall operation of the IDD Waiver, but stakeholders cannot give meaningful feedback on language that is not explained or simply not available at all. **The IDD Waiver Renewal Draft does not meet CMS' standards for "Requirements Concerning the Specification of the Scope of Services"** Language in the new service definitions for HEMS, SMES, VMS, and the accompanying "Virtual Delivery of Services" (VDS) language should not be approved by CMS. None of these new definitions or VDS language contains an exhaustive list of benefits. It appears KDADS has intended to define these services *according to their purpose*, but the draft definitions do not specify in detail the types of activities that are undertaken. Relying on the MCOs for prior authorization with vague language will result in inappropriate delays and denials of services and misinformation for participants about the scope of the benefits. Past versions of this waiver contained ambiguous and open-ended language with regard to benefits which resulted in massive cuts to expenditures including a time in recent history when expenditures were *cut by almost 10% in just a two-year period (2015-2017)*. These 'managed care cuts' were largely a result of: 1. The perception held by participants that the MCO prior authorization staff were able to dictate changes to Person Centered Plans, and 2. Open-ended service definitions that did not properly define benefits or the core elements of the service. CMS should require Kansas to re-draft this language so that benefits are clear and understandable for program participants. A new example of this open-ended language is found in the new services definitions for HEMS, SMES, VMS which all contain the phrase "…may include but shall not be limited to". Virtual Delivery of Services contains the phrase "includes but is not limited to". Benefits in these sections could to be arbitrarily interpreted and decided based on MCO assessment and authorization only.	consideration for the next public comment session.

KDADS LTSS PUBLIC COMMENT MATRIX

s	Sender	Public Comment	KDADS Response
		From CMS' Instructions, Technical Guide and Review Criteria for 1915c waivers: " The definition of the service (including any conditions that apply to its provision) is termed the "scope" of the service. **When specifying the scope of a service do not use terms such as "including but not limited to . . .," "for example . . .," "including . . .," "etc."** CMS will not approve vague, open-ended or overly broad service definitions. The **scope of a service must be readily ascertainable from the state's service definition** – that is, the nature of what is provided to a waiver participant is expressed in understandable terms. It is important to keep in mind that FFP is only available for the performance of activities or the provision of goods that fall within the scope of the approved waiver service. " The guide goes on to say that service definitions can either be "exhaustive" meaning that the definition "specifies in detail the types of activities that are undertaken on behalf of a waiver participant or the goods that may be provided to a participant". Or, a definition can be "defined as to its purpose". So, "...when a service is defined as to its purpose, the service definition **may not be expressed in open-ended terms**. In addition, when a service is defined as to purpose, the service definition should **specify at least the component elements of the service**".	Thank you for your comment. KDADS is reviewing the suggested language and will make appropriate edits.
		Transition of Services for a Renewal – Transition Plan CMS should require a Transition Plan for the IDD Waiver Renewal. CMS' Instructions, Technical Guide and Review Criteria for 1915c waivers and State Medicaid Director letters address service reductions that are a result of a waiver renewal. A transition plan must accompany a waiver application whenever individuals who participate in an approved waiver might be adversely affected when a renewal or amendment includes certain types of changes in the approved waiver. A transition plan must accompany the waiver amendment when the renewal or amendment would eliminate or limit any of the services that are furnished under the approved waiver or that result in reduced services to participants. For every affected participant, KDADS must provide an assurance and methodology demonstrating how individuals currently served by the waiver will not be adversely affected by the proposed amendment. KDADS must provide an assurance that the IDD waiver program will have sufficient service capacity to serve at least the number of current participants enrolled in the waiver as of the effective date of the amendment. **Based on multiple reports and complaints across the system and testimony from KDADS to State Legislative Budget committees, it does not seem that KDADS has enough dollars in services like Assistive Services and Supported Employment to even serve the current estimated number of participants in the Cost Neutrality estimates for the IDD waiver.** Without an adequate budget for these services and a new service array to support community inclusion, there are no services to transition participants to if they have their current habilitation services disrupted. KDADS should describe a plan and train TCMs, CDDOs, and CSPs about what happens if implementation of these policies results in some services in the currently approved waiver becoming unavailable through the new or renewed/amended waiver or will be available in lesser amounts, that describes how the health and welfare of persons who receive the services that are terminated will be assured. And when the renewed/amended waiver includes limitations on the amount of waiver services that were not included in the approved waiver, how the limitations will be implemented.	Thank you for your comment.

KDADS logo: Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
		In this plan, if some persons served in the approved waiver will not be eligible to participate in the new or renewed/amended waiver, describe the steps that the state will take to facilitate the transition of affected individuals to alternate services and supports. KDADS should also articulate a clear timetable for transitioning all affected individuals to the renewed/amended waiver. Verbal notices from MCO prior authorization staff are not adequate and violate due process protections for participants. **Supported Employment** The service definition for Supported Employment (SE) has been inadequate to ensure the Supported Employment is implemented statewide with comparability of services. Even though the waiver utilizes a service code for "03021 ongoing supported employment, individual" the MCOs who authorize the service all have different interpretations regarding benefits of this service. There are many examples of MCOs either refusing to authorize 'ongoing support' or threatening to re-coup reimbursement that was previously authorized. KDADS has received high-level technical assistance on this definition from Dr. Lisa Mills, but they have not indicated whether they support or plan to implement her recommendations and the language in the service definition has not been strengthened in this renewal process. CMS should require KDADS to demonstrate that the budget for this service is adequate to serve the estimated number of participants in the Cost Neutrality section of the waiver. **Structured School Aged Supervision (SSAS)** This is a new service definition that was developed to address the issue of 3 to 1 billing ratios for children's group-based care. Other states provide a similar service under their Personal Care service definitions, but Kansas chose to separate it out into a new service. While we appreciate the efforts by KDADS to ensure this service continues to be availbe, there are two problems: 1. There is no rate information in the Waiver Renewal Draft. It is not appropriate to reduce the rate from the rate that has been paid for Personal Care Services (PCS). "Ratio-billing" is intended to allow other children to be present while providers bill for one child at a time. Reducing the rate to 1/3 of the former PCS rate will reduce the availability of the service because other children may not be waiver participants and cannot be billed for. 2. The 'Provider Type' for this service was changed by KDADS in 2019 to "Home Health Agency" (HHA) despite the fact that the KMAP Provider Manual for HHA does not seem to include 'Caregiver Support'. KDADS and our State Medicaid Agency have stated that KSA 65-1502 requires any agency providing PCS services to be a licensed HHA provider. Our State Medicaid Agency has indicated they are using discretion on enforcement until they reconvene providers to rewrite the statute. The reason for the change to HHA for the Provider Type does not seem reasonable, and we have not received any explanation for it. We have concerns that it could complicate the authorization of the service by the MCOs. **Personal Care in Acute Care Settings**	Thank you for your comment. We are currently working on our employment first initiatives. Thank you for this comment. We will be having further conversations with stakeholders regarding this service.

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	Sender	Public Comment	KDADS Response
		We support the language that was included to allow Personal Care to be provided in Acute Care Settings. The section under 'Major Changes' states that "Personal Care Services are able to be delivered in an acute care setting to align with the CARES Act". However, KDADS did not include specific language to ensure this benefit is available within the service definition for Personal Care Services. There is new language in the service definition for Residential Services (RS), but we have been told verbally that KDADS now would like to remove that language in the RS definition. We believe Personal Care in Acute Care Settings should be a clearly defined benefit for both services and request that it be made clear within both of those definitions. The RS definition has always allowed RS providers to respond to a crisis as prescribed by the participant's backup plan. A crisis is defined as a situation in which the participant or participant's representative requests assistance due to him/herself feeling unsafe, medical emergencies, mental health emergencies, and/or law enforcement involvement. We believe this allowance is consistent with the CARES Act as well as Kansas' Bed Hold Policy. **Third Party Liability and Requirements to Exhaust Community Resources** Misinterpretations of these requirements by MCO staff have plagued our IDD system for several years now. CMS should ensure that KDADS is clear on these requirements and misinterpretations do not cause delays or denials services such as HEMS, SMES, and VMS. the Social Security Act and Deficit Reduction Act of 2005 which defines "third parties" for purposes of legal liability for health care items is included in the sections covering HEMS, SMES, and VMS. Section 1902(a)(25)(A) of the Act requires states to take all reasonable measures to ascertain the legal liability of "third parties" for health care items and services provided to Medicaid beneficiaries. The Deficit Reduction Act clarified the entities subject to the provisions of 1902(a)(25)(A) include: 1) self-insured plans, 2) pharmacy benefits managers, and 3) "other parties that are, by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service", including workers' compensation, auto insurance, and liability insurance plans. Charitable grants and community resources have no legal liability to provide support or funding for items that would otherwise be covered by Medicaid. **Retirement Services** We support new language in the Day Services Definition to allow for Retirement Services. This language could help to ensure that participants with Alzheimer's and Dementia are able to modify a person's daily schedule to provide them with specialized programming for their condition. However, other language in the definition seems to limit the utility of this new language with rigorous requirements that limit modification of daily schedules. For example, older people with IDD may need to "rest" at home at for frequent periods depending on their daily needs. The requirements to seek documentation from a doctor to allow this modification should be relaxed and modifications within Person Centered Support Plans should make this provision allowable as a services.	Thank you for your comment. We will review this language. Thank you for your comment.

KDADS Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	Sender	Public Comment	KDADS Response
			Thank you for your comment.
173.	Calm Foster Care	Current Definition Using Children Residential Label/Language: **Children Residential Provider –** is a Kansas licensed Child Placement Agency (CPA) who is authorized to place out-of-home placements of children through a signed contract with a (surrogate) licensed family home. This is also referred to as an out-of-home, private placement. The CPA provider bills the MCO directly for Children Residential Medicaid code for the child identified and qualifying for HCBS IDD Waiver Medicaid funded services. The CPA is affiliated with the CDDO. The surrogate home must be sponsored by a CPA and licensed with the State of Kansas Dept of Children and Families (DCF). Children Residential families are professional licensed parents caring for children between the age of 5 up to their 22nd birthday for the purpose of providing 24/7 care of a child using HCBS funding. **Children Residential Program** – The philosophy that children with disabilities are usually best raised in the biological parents' home. However, as a result of emotional, financial, or physical demands some children place on their families, it is recognized that care outside of the home may be necessary. It is also best for children identified with developmental delays to be supported in family home environments with necessary resources made available to the surrogate licensed family, and this care is preferred over residential/congregate care (i.e. PRTF, QRTP, DCF or adult residential). ***Proposal:* Replace Children Residential with** *new (old) name* – **Supportive Family Living (SFL)** **Supported Family Living Program (SFL)** is designed to help children move into homes as a family member and provide options/supports for those families within their community. The surrogate home shall be licensed in accordance with the rules and regulations of the Department of Children and Families (DCF) sponsored by a licensed CPA. Loss of licensure will result in an immediate termination of placement. Supportive Family Living homes will follow and implement the child's Person-Centered Support Plan and subscribe to a person-centered philosophy which represents the child's best interest both short and long term. This program is in collaboration with the guardian or natural parent(s); who will support the child's team when making significant decisions about behavior concerns, psychotropic medications and any other changes which may possibly infringe upon the child's basic rights. The reason for modernizing and changing the program label from Children Residential to Supported Family Living (SFL) offers the following messages: 1) IDD Children in *Children Residential* are not 'living' in 'residential' settings. The term residential implies children in congregate, group living arrangements with staff monitoring their care. "Children Residential" has never been provided in a group facility setting. For agencies	Thank you for your comment. We are reviewing these recommendations.

KDADS LTSS PUBLIC COMMENT MATRIX

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
		unfamiliar with the programming, the assumption of the name implies children are cared for in a larger group capacity. Instead, all children accessing the HCBS IDD Waiver Children Residential funds are placed in a licensed family home. See original definition stated above. 2) Stop utilizing the term *Foster Families* as the language for a provider for SFL/Children Residential services. It is important to not label a license home as a foster home – It is strongly recommended to differentiate children in foster care utilizing DCF resource foster homes vs. IDD Waiver children supported by a licensed family providing IDD services. Not all licensed homes provide foster care for children I(DCF) custody), but all homes serving children must be licensed per KS Statues and Regulations to be a service. Several licensed families only serve Children Residential/SFL programming which supports a natural family for out of home/private placement of children with IDD funding in a supportive family setting. **We often educate and advocate on the behalf of natural families who are embarrassed, trying to explain that their child* ***is not in DCF custody*** *for abuse or neglect by utilizing a 'foster home'. Separating the language will give dignity to the child and their natural family who are not utilizing a foster care provider, but a supportive family lifestyle as a service to meet their child's needs due to HCBS eligibility..*	Thank you for your comment. We are reviewing these recommendations.
		3) Advocate for children to be in the least restrictive environment. Children developmentally thrive and grow in a family setting. Children should be eligible to reside in a family setting **until their 22nd birthday.** A child with a disability accessing adult services (i.e. adult day & residential) will have the rest of their life to live in the community adult provider setting. Children using SEL will have opportunities to be with same age peers utilizing public education programs (18-22 yr transition programming). SFL programing subscribes to person-centered philosophy, driven by choice. A child's choice/guardian's choice should be to have the option to advocate for a completion of school in a family setting. **In recent years, we have watched children not given a choice or access to Children Residential supports when 'aging out' at earlier ages 18-20 yrs. Instead, they are given limited resources and will move into a setting with middle-aged adult roommates (50+ yr olds roommate with a 19 yr old) and not have a common interest (wheelchair needs or fully staffed care). It would be more beneficial for a child to maintain in a less restricted setting as a family living environment offers. It is also a cost savings to the waiver funding to utilize a SFL setting paired with public educational day settings. A child should be able to choose having one more birthday, holiday, and special family traditions in a family setting vs. moving into an adult provider setting.*	Thank you for your comment. We are reviewing these recommendations. A family may be licensed for Shared Living as well as maintaining their license for fostering.
		4) Congregate care – It is a restrictive environment. Children in DCF custody are in a restricted setting. In recent years, some families are desperate to attain HCBS IDD Supports and have been given 'advice' to put a child in DCF custody to get services. DCF purpose is to protect children from abuse and neglect. Likewise, if a child has an identified permanency plan (guardianship) to exit DCF	

KDADS LTSS PUBLIC COMMENT MATRIX

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
			We are able to review crisis requests to avoid DCF custody.
174.		Talking about residential services and living with another person on waiver or siblings, what does that mean?	In waiver language family members that are receiving adult residential waiver services can live together and siblings that grew up together cannot live together and get ARS.
175.		If a shared living provider provides day service is that outside the home or in the home?	Would be outside the home unless there is in home exception due to medically fragile condition.
176.		New program, clarifying that would they be able to bill at 1:1, 1:2, 1:3 underneath the system referred to Ratio billing up to 3 children?	Thank you for your comment we are reviewing.
177.		Can you explain the rationale behind the significant change in the proposed waiver amendment regarding extending supervision to non-foster care participants in PCS, and how it might impact individuals with mental health issues living in foster homes?	The addition of supervision for non-foster care participants in PCS was intentional to ensure the safety of all PCS recipients. We recognize concerns about its impact on individuals with mental health issues in foster homes. We'll review the language to prevent unintended restrictions on their access to services. Thank you for raising this concern. There are places in the waiver that mentions this non-supervisory supports. Although

KDADS Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	Sender	Public Comment	KDADS Response
			this word was added, it does not change what is in practice and aligns with other places in the waiver
178.		What options do parents have if they need to work but want to keep their children at home, considering that Medicaid only pays for 25 hours of care? Is there a possibility of changes in the waiver language to address this issue?	Thank you for your comment we are reviewing.
179.		Why was the institutional transition period reduced from 90 to 60 days? My son in a state hospital may need more time for transition.	The reduction to 60 days is a minimum requirement for transitioning from a facility to the community, aligning with other waivers. However, participants can take more time if needed, ensuring a successful transition. The aim is to make the process more user-friendly and supportive while preserving assets during the transition.
180.		Can employment be revised to include billing for the full employment schedule, as recommended for the waiver last summer?	Yes, it has been recommended for individuals returning to school during the summer to attend services rather than accessing PCS when a caregiver is unavailable. It makes more sense for the individual to work on developing skills during the summer rather than staying at home.
181.		Is structured school supervision something utilized simultaneously with children receiving children's residential services, or would it be considered duplication of billing?	Structured school supervision is not typically utilized in residential settings, but families utilizing the waiver and providing residential

KDADS LTSS PUBLIC COMMENT MATRIX

S	Sender	Public Comment	KDADS Response
			homes might benefit. It offers structured times not available in their routine.
182.		Could you elaborate on the main focus regarding employment revisions and options for participants?	The main focus is to ensure participants have the option of pursuing employment, removing barriers such as the IEP language, and reinforcing that employment discussions should occur. Additionally, considering options counseling annually may be beneficial.
183.		Are their age limitations or requirements for accessing retirement activities?	According to the waiver, there are no age restrictions or requirements for accessing retirement activities. We'll ensure any additional insights from the chat are included in the report.
184.		Was the 25-hour requirement removed from the day service definition? The current wording is 'out of their home closer.' Should it be 'units per day per week per month' maximum?	I'll look into whether the 25-hour requirement was removed from the day service definition. The wording may need clarification to specify units per day, week, or month.
185.		Can you clarify the six-month reviews for acute illness and review for chronic condition?	Can you clarify the six-month reviews for acute illness and review for chronic condition?
211.		Can you clarify the six-month reviews for acute illness and review for chronic condition? Can you clarify the six-month reviews for acute illness and review for chronic condition? There's been a lot of change historically regarding the number of children allowed to be served in a home. The current limitation is no more than two children unrelated to the waiver participant. Can you elaborate on this?	Historically, there have been changes regarding the number of children allowed in a home. Currently, the limitation is no more than two children unrelated to the waiver participant. This limitation ensures compliance with licensing regulations and maintains a suitable structure for childcare.
212.		Should we continue to get medically fragile exceptions from doctors, or have they been retired? Can we get 460+460 exceptional units for all programs?	We need clarification on whether medically fragile exceptions are still required from doctors or if they have been retired. Additionally, we'll explore the possibility of obtaining

KDADS Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	Sender	Public Comment	KDADS Response
			460+460 exceptional units for all programs.
213.		Why is the day for 18 limited to 25 hours per week? Can it be increased to 40 hours per week?	We'll address why the day for 18 is currently limited to 25 hours per week and consider the possibility of increasing it to 40 hours per week.
214.		What about school students transitioning into the day services for 18-21-year-old program? We've encountered barriers for homeschool kids who don't have a formal IEP or transition meeting	This is a valid concern. We need to address the barriers faced by homeschool students who lack a formal transition process.
215.		Why is the age requirement for day services set at 22 instead of 21? There can be a gap between the 21st birthday and the availability of educational services.	This gap between the 21st birthday and the availability of educational services needs to be addressed. We'll consider adjusting the age requirement to better align with educational service availability.
216.		What should happen when an individual turns 22 in the final year of the program? Are they still eligible?	While it seems logical that individuals should remain eligible until they complete the program, we've encountered pushback in some cases. We'll explore solutions to ensure eligibility continuity.
217.		For the day services for the shared living contractor do the day services still needs to be provided outside of home	Yes
218.		How can we address unnecessary referrals to employment services for individuals who are unlikely to meet the criteria?	Thank you for your comment. We are reviewing these recommendations.
219.		Can billing for hospital settings be included in the renewal, considering the critical care provided in residential settings during COVID and the ongoing need for adequate medical care for individuals with IDD?	Certainly, we will consider including billing for hospital settings in the renewal, especially given the critical care provided during COVID and the ongoing need for medical support for individuals with IDD.
220.		Would you consider adjusting the living arrangements for family members who are waiver-eligible? For instance, siblings placed on the waiver at different times may want to live together in an apartment.	Adjusting living arrangements for family members who are waiver-eligible, such as siblings wanting to live together, is certainly something we can consider for inclusion in the renewal.

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	SENDER	PUBLIC COMMENT	KDADS RESPONSE
221.		Could the language regarding background checks and medication administration training be clarified? Specifically, not all staff administer medication, so the requirement for med administration training should be clear.	We will review and clarify the language regarding background checks and medication administration training to ensure it accurately reflects the requirements, especially considering not all staff administer medication.
222.		On page 125, it states that all staff must have their driver's license, but what if they choose not to drive? Can you clarify this policy?	We will look at language to address the comment.
223.		What is the impact of changing the institutional transition from 90 days to 60 days, specifically regarding access to case management services during transitions?	Changing the institutional transition from 90 days to 60 days aims to streamline the transition process from facilities to community settings. While this change may help individuals transition more efficiently, there could be concerns about access to case management services during this transition period, potentially impacting housing stability and other aspects of participants' lives. Further discussions and considerations are needed to address potential challenges and ensure a smooth transition process.
224.		Regarding conflict of interest with CDDOs, can they provide direct service, particularly in relation to guardianship for individuals receiving services?	Regarding conflict of interest with CDDOs, it's important to clarify their roles and limitations, especially concerning direct service provision and guardianship for individuals receiving services. This topic warrants further exploration and clarification to ensure compliance with regulations and ethical

Kansas Department for Aging and Disability Services

KDADS LTSS PUBLIC COMMENT MATRIX

S	Sender	Public Comment	KDADS Response
			standards, particularly to prevent any conflicts of interest that may arise.
225.		Is there clarity on whether virtual delivery services need to be provided on a one-on-one basis, especially when multiple individuals have devices being monitored? Also, how should providers pay for devices if waiver funds cannot be used for purchase?	In terms of virtual delivery services, there seem to be conflicting messages regarding the provision of services on a one-on-one basis and the purchasing of devices using waiver funds. Providers need clarity on whether multiple individuals can access virtual services simultaneously and how to fund the purchase of necessary devices. Exploring alternative funding sources, such as grants or donations, may be necessary to cover the costs of devices if waiver funds cannot be used for purchase. Additionally, further clarification is needed to reconcile conflicting language regarding the use of waiver funds for device purchases versus operating costs.