PUBLIC COMMENTS FOR I/DD WAIVER RENEWAL
AUGUST 2023

Waiver Amendment Changes			
#	Sender	Changes/Recommendations	KDADS Response
1	GoodLife Innovations, Inc.	Thank you for all your work to provide for the Virtual Delivery of Services in our Kansas Waiver. The next generation of I/DD care will undoubtedly be service approaches that organically integrate remote and in-person human support (including automated support) in ways that best empower people to lead their preferred lives in small homes as independently, safely, and as privately as possible. To advance the vision of the final rule, I'm hopeful that we can propose a few important changes to the Kansas waiver language for how we use VDS. First, the current VDS waiver language appears to propose standards that do not equally apply to all methods of care. We should always use the approach to care that can produce the best outcome (the best and most preferred lifestyle) in the safest, least intrusive, and most private way possible. I'm hopeful that we can revise the VDS waiver language to ensure that all waiver care approaches (not just virtual or remote care) are measured against the same expectations (standards) for maximizing privacy, safety, and independence, while also achieving the lifestyle outcomes we want. Second, the current VDS waiver language presents virtual support and in-home support essentially as opposing choice options. Some	The PCSP needs to explain what services will be covered in-person versus virtual. The service code in the policy will be the same for both, but service delivery will be further clarified on the PCSP.
		A behavioral specialist can remotely support a DSP who is working alone to support a person with complex behavioral challenges. A nurse might remotely support a DSP who is concerned about an individual's health. A person served might prefer a manager or experienced remote coach to virtually be present to train/support a new staff person they don't know well. We must use support strategies that organically combine remote and in-home support if we hope to move away from traditional group home services and deliver care in smaller, more inclusive homes where one staff is supporting one or two persons with a range of needs. I'm hopeful we can revise language so that in-home and remote support can be used separately and in combination in ways that advance care, independence, and person-centered lifestyles. Please feel free to contact me if I might be of any assistance. We have drafted use policies for remote supports, and have drafted consents for how remote and in-home support, and would	
2	stephanie.l.rasmussen@sunflowerhealthplan.com	Day Services	
		a. Virtual Service Delivery- I recommend to add more clarification indicating the service must be provided outside of the member's home, even if provided virtually.	We are addressing all of these through the pending policy.

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		b. Virtual Service Delivery- Recommend to add that the provider must be enrolled in KMAP, licensed for and have an affiliate agreement with the CDDO in the area in which the member resides.	
		c. Virtual Service Delivery- Recommend to add that both the MCO and the provider are responsible for documenting and tracking how the service is delivered. Also recommend to add that the provider must document the service that is delivered, in the same way as if it was in-person.	
		d. Virtual Service Delivery- Recommend to add that the provider will respect the member's choice not to use virtual services at any given time; and will implement the back up plan for in-person support. This reinforces members can change their minds at any time and the back up option needs to be provided.	
		Residential Services	
		a. Virtual Service Delivery- Recommend to add that both the MCO and the provider are responsible for documenting and tracking how the service is delivered. Also recommend to add that the provider must document the service that is delivered, in the same way as if it was in-person.	We are addressing all of these through the pending policy.
		b. Virtual Service Delivery- Recommend to add that the provider must be enrolled in KMAP, licensed for and have an affiliate agreement with the CDDO in the area in which the member resides.	
		c. Providers will want to know how to bill if the service is still 1 unit = 1 day, and the provider provides both in-person and virtual service the same day. In the claim, do they indicate service location as in home or remote?	
		d. Virtual Service Delivery- Recommend to add that the provider will respect the member's choice not to use virtual services at any given time; and will implement the back up plan for in-person support. This reinforces members can change their minds at any time and the back up option needs to be provided.	
		Personal Care Services	
		Virtual Service Delivery- Recommend to add that the provider must be enrolled in KMAP and licensed to provide the service in the area of the state where the member resides- if this is true? How does the 200 mile rule apply for Home Health agencies?	We are addressing all of these through the pending policy.

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3	Cheryl Wicks <cheryl.wicks@mosaicinfo.org>	Mosaic is a nonprofit healthcare organization serving over 2,800 people across 13 states in more than 700 communities. We help empower people with disabilities, mental and behavioral health needs and autism, as well as aging adults to live their best life. We primarily serve people in home and community services. In Kansas, we support nearly 500 people in service with over 300 members of our workforce (both employees and independent contractors). Mosaic has the following comments related to the amendment for Kansas Medicaid 1915 (c) waivers: Intellectual and Developmentally Disabled (I/DD), effective January 1st, 2024. Kansas Virtual Delivery of HCBS Services: *Adding virtual delivery of services as part of adult residential services on the I/DD Waiver and agency-directed Personal Care Service (PCS) and therapy services for designated waiver* Having flexibility with service delivery options has proven to be beneficial to a variety of people Mosaic supports. During the pandemic, this service delivery option was vital to connect, stay engaged and support meaningful relationships with people in servicee as well as the workforce and our community. Through utilizing virtual options, people were able to explore the world, learn new skills, expand their horizon and connect with people near	Thank you for your comment. We will take your suggestion under consideration.

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		In the event that virtual deliver of HCBS services is not approved, people will have limited or no access to certain services that bring meaningful benefits to them. People will be limited in connecting with members of their community. At Mosaic, we have seen great benefit to this service delivery option and strongly *support* the approval of this waiver amendment. Paid family caregivers for PCS Families like to have options and choice when it comes to residential providers. For some, they chose to move their loved one in a group home, shared living setting or apartment. For others, they want to continue providing services to their loved one while being paid, until they choose another residential setting. Mosaic has seen value in families being paid caregivers, especially for those with complex medical needs. For example, Mosaic supports a person who lives at home with their parents in Kansas City. During the Public HEalth Emergency (PHE), due to flexibilities with Appendix K, the familiy was able to receive payment for services provided. As CMS and states are starting to unwind the Appendix K flexibilities provided during the PHE, families are asking for paid family caregivers to continue as a service. This is a critical service for families that uphold their cultural values, family values, and simply being able to care for	
		It's important to note that not offering this service will limit access to services for people in an already challenging workforce environment. This could also lead to people who need services, not receive services if they are not able to have a paid family caregiver. The opportunity for paid family caregivers, provides personalized services in their home environment which positively impacts the state's budget. Another benefit of a paid family caregiver for shared living is it will help solve the lack of housing concerns. Giving families the opportunity to provide services to their loved on in their own home, diminishes the need of looking for an alternative affordable housing, which is extremely limited. Mosaic encourages KDADS to expand the paid family caregiver service delivery option to residential services in addition to the personal care services (PCS). Thank you for considering Mosaic's comments regarding the Kansas Medicaid (1915(c) Waiver Amendments. Sincerely, Cheryl A. Wicks	

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4	Parent / Legal Guardian	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.	The Fair Labor Standards Act does not permit employees to waive the right to overtime pay.
5	MCO	HEMS: Listed items: Presents an illusion of pre-approved items. Human rights: Items that are viewed as restraints or seclusions could be viewed as human rights violations. IDD has a HR committee to review these (I believe at the CDDO level). BI, FE, PD and TA do not. Specifically for those with cognitive limitations and/or if someone is injured or worse. Could these items be removed from this list? Could the list keep the listed items that are standard MHMs that are provided routinely as examples? And keep the "but not limited to…" language? Main focus is concern for safety in the event of an accident. Also do not want to set up a scenario that could result in a human rights violation.	We will look into clarifying this language.
		HEMS/VMS: "The MCO shall make attempts to identify potential community resources or natural supports." -Should be removed based on recent memo/state direction	Thank you for this comment.

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		HEMS/VMS: "the MCO shall request an in-home or remote assessment of the participant's needs and recommendations from a therapist or a person qualified to complete home usability/accessibility assessments." -What provider qualifications determine the type of therapist or "person qualified" to complete this type of evaluation? -Is this a requirement for all HEMS/VMS? If so therapy evaluations that are not needed are going to increase costs quite a bit. They will also potentially delay jobs that do not normally need a therapy evaluation, such as ramps, handrails, etc…	KDADS is not prescriptive on this and prefers language to be open ended to allow for flexibility regarding individuals who are appropriately qualified to assess an individual's need for a specific item.
		VMS: "Assistance with modifications to be purchased and installed in a vehicle owned by or a new vehicle purchased by the participant, or legally responsible parent/guardian of a minor or other care-giver as approved by KDADS Program Manager." MCO is in agreement with ensuring that purchases are made for the sole benefit of the member whose funds were used and the vehicle owned by them or their legally responsible guardian/legal parent. MCO just requests guidance on a process if a request of any kind would be submitted directly to a KDADS program manager for review and decision. -Does the MCO need to submit a formal request to a KDADS PM? -Is the MCO to submit ALL VMS requests to the KDADS PM, or are there exceptions. -Would the MCO send to KDADS after they have done their own internal review of medical necessity? -Does this statement mean "care-giver as approved by KDADS program manager?" Or does this mean that the vehicle modification request is approved by KDADS PM?	We will amend and clarify the MCOs role. The MCO is not expected to get Program Manager approval prior to approving and reimbursing the service.