PUBLIC COMMENTS FOR PHYSICAL DISABILITY WAIVER RENEWAL

AUGUST 2023

	Waiver Amendment Changes					
#	Sender	Changes/Recommendations	KDADS Response			
	Deone Wilson	Regarding PD and BI waiver amendments that	Thank you for your comment.			
	<deone@rcilinc.or< th=""><th>include the following statement, "Some</th><th></th></deone@rcilinc.or<>	include the following statement, "Some				
	g>	comments indicated confusion around overtime				
		and how many hours parents are allowed to				
		work in conjunction. KDADS Response: KDADS				
		will clarify the language around parents working				
		40 hours. There are certain Dept. of Labor rules				
		and laws around overtime and minimum wage				
		pay that cannot be circumvented." I would like				
		to reiterate that self-directing consumers can				
		meet the overtime requirement through wage				
		Wage setting, setting work schedules and	The language has been clarified			
			in the amendments.			
		the self-directing consumer. Setting policy that	in the amenuments.			
		diminishes or interferes with those rights and				
		, i i i i i i i i i i i i i i i i i i i				
		responsibilities is not congruent with self- direction and, furthermore, puts the State at-risk				
		of being defined as the employer.				
		or being defined as the employer.				
		Please strongly consider removing the language	Thank you for your comment.			
		that states, "Parent/parents in combination/spouse,	ALL caregivers must act in			
		may not provide more than 40 hours of services in a	accordance with the Fair Labor			
		weekly work period. For parents, 40 hours is the	Standards Act. We will remove			
		total amount regardless of the number of children	the language specific to			
		who receive services".	parent/spouses.			
		Thank you,	If an employee is paid more than			
			40 hours per week, they must be			
2	Stephanie L.	Personal Care Services				
	Rasmussen	a. Virtual Service Delivery- Recommend to add	PCS is not a licensed service.			
	<stephanie.l.rasm< th=""><th>that the provider must be enrolled in KMAP and</th><th>Home Health Agencies have</th></stephanie.l.rasm<>	that the provider must be enrolled in KMAP and	Home Health Agencies have			
		-	licenses that prohibit the			
	ealthplan.com>	state where the member resides- if this is true?	provision of service exceeding			
		How does the 200 mile rule apply for Home	200 miles. For other non-agency			
		Health agencies?	directed providers, this does not			
		b. Virtual Service Delivery- Recommend to add	We will take this under review.			
		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.				
		-				
		c. Virtual Service Delivery- Recommend to add	We will take this under review.			
		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.				
5	мсо	HEMS:	We will look into clarifying this			

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		HEMS/VMS:	Thank you for this comment.				
		"The MCO shall make attempts to identify					
		potential community resources or natural					
		supports."					
		-Should be removed based on recent					
		HEMS/VMS:	KDADS is not prescriptive on this				
		"the MCO shall request an in-home or remote	and prefers language to be open				
		assessment of the participant's needs and	ended to allow for flexibility				
		recommendations from a therapist or a person	regarding individuals who are				
		qualified to complete home	appropriately qualified to assess				
		usability/accessibility assessments."	an individual's need for a specific item.				
		-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,					

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T		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."	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.
		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.	
		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	