

PUBLIC COMMENTS FOR THE TECHNOLOGY ASSISTED WAIVER RENEWAL
AUGUST 2023

Waiver Amendment Changes		
#	Sender	KDADS Response
1	Cindy Fisher <cindyfisher9600@gmail.com>	<p>To the KS Department of Aging and Disability Services,</p> <p>I would like to comment on the HCBS proposed amendments posted today, specifically the wording about technology and the reference to virtual delivery of services. Here is what I copied from a KCDC message sent via email today:</p> <p>"The proposed amendments cover the following:</p> <ul style="list-style-type: none"> • Standardizes Performance Measures across the waivers (Performance measure standardization for the TA waiver is captured in its pending renewal.) • Unbundles Assistive Services into three services: Home Modification, Vehicle •Modification, and Specialized Medical equipment and Supplies • Requires Provisional Plan of Care across the waivers • Authorizes Residential Services for Married Couples on I/DD Waiver • Amends Specialized Medical Care (SMC) Time Limits • Allows for Personal Care Services (PCS) to be delivered in Assisted Living and Home Plus settings • Adds virtual delivery of services as part of residential services on the I/DD Waiver and agency directed PCS • Allows for paid family caregivers for PCS" <p>I taught students with disabilities for 40 years, retiring in May 2021. During that time, I worked with all grade levels, including 18-21 year olds. I was inspired to create an app that would support independent decision making while including a layer of backup support. The app user (the person with a disability) would be able to store their support team contact info in the app. This has the advantages of having a tool in their phone so that they can work and otherwise participate in their lives, but have a backup system of people who already know them, can understand what they are saying, and can best support them. If they are using remote supports, that contact info can be stored in the app.</p>

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	<p>I am very pleased to see these proposed amendments because this is moving KS forward in terms of utilizing assistive technology. I am not sure whether it would qualify KS as a Technology First state, but it would be a step in that direction. https://stateofthestates.org/technology-first/</p> <p>The wording of the amendments indicates that technology refers to hardware, equipment and supplies. I am proposing that it also include apps and software. This would allow for prompting and scheduling apps and software to be covered. There is a great need for this type of support, as it builds independence and reduces reliance on staff and caregivers. Who doesn't want that?</p> <p>The wording of the amendments indicates that technology refers to hardware, equipment and supplies. I am proposing that it also include apps and software. This would allow for prompting and scheduling apps and software to be covered. There is a great need for this type of support, as it builds independence and reduces reliance on staff and caregivers. Who doesn't want that?</p> <p>I know of another small business in KS that would like to be able to help KS residents with disabilities, but there has been no inroad to do that. We have spoken at various MO conferences as exhibitors. They are in MO, OK, IL and are working on TN, but they have not been able to figure out how to help Kansans, even though their director lives in Lawrence. I am not as far along. I am a Kansas small business, and I find myself focusing on MO instead, as that is where the interest lies due to MO being a Technology First state.</p>	<p>We will amend it to include verification that software and mobile applications are included in the terminology.</p>

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		<p>I also see in the list of amendments above that virtual delivery of services would be part of residential services. This is excellent. If something like telehealth or remote coaching is provided, software is necessary to implement it. Software and mobile applications could be included here. This will cover situations in which the service and the technology needed to implement the service are from two different vendors which would be true in my case. I aim to use existing support rather than adding another remote call center. Maybe it does include this provision if the residential service decided to contract with my business, Smart Steps LLC. If that is the case, clear language would be helpful so that I can point to it when talking with residential providers, and so that providers have a clear path to getting it funded.</p> <p>Any support that you can offer in this regard would be much appreciated. Kansas is an Employment First state; I have attended a couple of meetings and try to stay abreast of the committee's activities. Being able to support employment with assistive technology that includes software would be helpful for this initiative. https://kcdcinfo.ks.gov/employment-first</p>
2	Stephanie L. Rasmussen <Stephanie.L.Rasmussen@sunflowerhealthplan.com>	<p>Personal Care Services</p> <p>PCS is not a</p>
		<p>a. Virtual Service Delivery- Recommend to add that the provider must be enrolled in KMAP and licensed to provide the service in the area of the state where the member resides- if this is true? How does the 200 mile rule apply for Home Health agencies?</p>
		<p>b. Virtual Service Delivery- Recommend to add that both the MCO and the provider are responsible for documenting and tracking how the service is delivered. Also recommend to add that the provider must document the service that is delivered, in the same way as if it was in-person.</p> <p>We will take this under review.</p>
		<p>c. Virtual Service Delivery- Recommend to add that the provider will respect the member's choice not to use virtual services at any given time; and will implement the back up plan for in-person.</p> <p>We will take this under review.</p>

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5	MCO	<p>HEMS: Listed items: Presents an illusion of pre-approved items.</p> <p>Human rights: Items that are viewed as restraints or seclusions could be viewed as human rights violations. IDD has a HR committee to review these (I believe at the CDDO level). BI, FE, PD and TA do not. Specifically for those with cognitive limitations and/or if someone is injured or worse.</p> <p>Could these items be removed from this list? Could the list keep the listed items that are standard MHMs that are provided routinely as examples? And keep the “but not limited to...” language? Main focus is concern for safety in the event of an accident. Also do not want to set up a scenario that could result in</p>	<p>We will look into clarifying this language.</p>
		<p>HEMS/VMS: "The MCO shall make attempts to identify potential community resources or natural supports."</p> <p>-Should be removed based on recent memo/state direction</p>	<p>Thank you for this comment.</p>
		<p>HEMS/VMS: "the MCO shall request an in-home or remote assessment of the participant's needs and recommendations from a therapist or a person qualified to complete home usability/accessibility assessments."</p> <p>-What provider qualifications determine the type of therapist or “person qualified” to complete this type of evaluation?</p> <p>-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...</p>	<p>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.</p>

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	<p>VMS: “Assistance with modifications to be purchased and installed in a vehicle owned by or a new vehicle purchased by the participant, or legally responsible parent/guardian of a minor or other care-giver as approved by KDADS Program Manager.”</p> <p>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.</p> <p>-Does the MCO need to submit a formal request to a KDADS PM?</p> <p>-Is the MCO to submit ALL VMS requests to the KDADS PM, or are there exceptions.</p> <p>-Would the MCO send to KDADS after they have done their own internal review of medical necessity?</p> <p>-Does this statement mean “care-giver as approved by KDADS program manager?” Or does this mean that the vehicle modification request is approved by KDADS PM?</p>	<p>We will amend and clarify the MCOs role. The MCO is not expected to get Program Manager approval prior to approving and reimbursing the service.</p>