

# KDADS-CDDO Meeting Minutes

**Meeting Title: KDADS HCBS-CDDO Bi-Annual Business Meeting**  
**Meeting Date: 3/18/21**

Meeting called by	Amy Penrod
Type of meeting	Bi-Annual
Facilitator	Amy Penrod, Paula Morgan
Note taker	Paula Morgan
Attendees	KDADS Staff, CDDOs-all present or represented by subcontractors

## Topics:

### Presenters:

	<p><b><u>Agenda Item:</u> Minutes – 8/20/20: reviewed and approved by CDDOs on 9/4/20. Posted to KDADS website.</b></p> <p><b><u>Agenda Item:</u> KDADS Updates, Amy Penrod</b></p> <ul style="list-style-type: none"> <li>○ <b>Topic/Notes: Updates:</b> I want to share accomplishments with you. We were able to get two waivers, FE and PD, submitted and approved by CMS. Waiver amendments submitted to CMS for various waivers. Still in discussions with CMS. We have been directing Federal payments. Upcoming initiatives: BI waiver policies and processes. We are trying to avoid a waitlist. Expanded eligibility for BI is a success, we are in discussions with Legislature. We are working on developing an MFP program, tracking post institutionalization and diversion from institutional settings, MFP Federal re-authorization. 2022: Autism and SED waiver renewals. We have been meeting with stakeholders on IDD employment. We are splitting out Pre-Voc and Employment. Enhancements are being looked at for IDD waiver on employment supports. There is a potential development of new TCM model. TCM workgroup work. There are some challenges to address. We are looking at best model for KS as we move forward. We are in discussions about what a study of our IDD waitlist would look like, strategic look at the long waitlist. Proposal: We would study people on waitlist, what needs might be, and based on what that might be, and take some direction on that.</li> <li>○ <b>Topic/Notes: Final Rule/Community Connections: Brutus Segun/Colin Rork/Russell Bowles:</b> <ul style="list-style-type: none"> <li><b><u>Brutus:</u></b> Russell will give numbers, Colin will speak to Heightened Scrutiny. Process slow, but given challenges, we are making good progress. A lot of evidence already reviewed.</li> <li><b><u>Russell:</u></b> current: 236 settings (out of 2000+ settings to be reviewed). Currently reviewing over 19,000 pieces of evidence in review process. Over 80% rate, over all waivers. We only have 273 settings that have started any remediation, just under 40+% have started that remediation of their settings.</li> <li><b><u>Colin:</u></b> my team have been working to verify setting statuses, working with every flagged setting. Working on two-way communication with Heightened Scrutiny Team. Category 1 and 2: need on-site review. Usually location-oriented heightened scrutiny (on or near institutional grounds). On-site/virtual process on Microsoft Teams to review site. Evidence to present CMS, prior to 2023 deadline. <b><u>Log-in to ask questions.</u></b></li> <li><b><u>Amy:</u></b> we are getting off to a good start, have a nice groove.</li> <li><b><u>Dee:</u></b> is there is a role for CDDOs to follow up?</li> <li><b><u>Russell:</u></b> please follow up with your providers, check our provider portal for any communications that they have received. One of things that we are finding,</li> </ul> </li> </ul>
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provider staff changes who had been working on project, make sure that that new staff gets a log-in.

Dee: Message out to providers, reminder? Link?

Brutus: we would like to use the CDDOs to message, so we will get that message to our CDDOs for the providers. Providers need to continue to engage. Check emails, check their statuses.

Amy: we will include the link to the Community site.

Russell: [communityconnectionsks.org](http://communityconnectionsks.org)

- Action Item: Community Connection messaging for providers will be given to the CDDOs to push out.

- Topic: Workgroup Updates:

Quality Assurance: Colin Rork/Nicole Hall

Colin: Peer Reviews: red-lined 10 and 10A on review tool. Looped in this work with Operations Workgroup. The scheduling for peer review, we will update, we will involve everyone in the update process. Don't worry about schedule, we will give big head's up. We have other activities to ensure that we are all on the same page.

Nicole: don't have anything to add. Last meeting was a while ago.

Eligibility: Paula Morgan/Tara Cunningham:

Tara: at our last meeting, we had KCART experts talk through some diagnoses, helpful. Next step, last review of policy work, to KDADS leadership for their review. We agreed to pause for a couple of months. Upcoming: additional training.

Functional Assessment: Michele Heydon/Cheryl Morgan/Annie Appleget:

Michele: we last met in December, decided to postpone until after April. We had discussed BSP qualifications, gathering information. Looking at updating basis manual on KDADS website, made/agreed to. Contract language for basis, update to coincide with face-to-face meeting being completed. Group would like to include missing data tracking for PRTF/Jail.

Complex Needs: Russell Bowles/Dee Nighswonger: The report was attached to email invite: Dee's review.

Dee: workgroup feedback on report, then a SCDDO staff person made it pretty. Workgroup has been digging in, shared purpose, doing research, national data/reports. We did our own review of strategic plan from KDADS, will call out on page 13, recommendations, 3 strategic focus areas. We did a statewide stakeholder survey, received about 1300 responses, as a 10% about response rate. We gave space for all voices to provide feedback. 1. Workforce 2. Capacity of services 3.

Communication/coordination. We are ready to take next steps: develop measurable outcomes for each of the three. Data gathering for statewide reporting for establishing baseline, data-driven.

Impact/urgency/Importance: stratification. I would like an annual plan of work for each fiscal year, track process and stay on point. FY2022 to have 1<sup>st</sup> plan of work, July 1 start date. It is time to elect a new CDDO co-chair. Acknowledgements, resource and reference page included in report.

Operations Workgroup: Amy Penrod/Mandy Flowers: Amy: a fair amount of work around Covid-19.

We've had discussions about TCM, updating manual, had a subgroup working on updates, some of it got delayed/pending, based on more recent discussions on Targeted Case Management model. Didn't want to invest too much time if there are changes down the road. We also started down the path of voluntary sub-committee for this large workgroup, like CDDO reporting, PRTF/Jail issues, consistency between CDDOs, COVID-19 items, children in need of care issues. We did suspend workgroup meetings over the holidays, decided to hold on meeting while vaccination plans were out and moving forward.

- Agenda Item: Jerry Michaud, DSNWK: FMAP: Jerry-State's perspective on this? Anything that you can clarify about this Act, and what it might look like?
- Amy Penrod: we have been getting information about this. We are still digesting this for KS, some will be targeted to HCBS. What we know now is that we are expecting about 5 billion

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across the state for the State. Some will be for local gov't unit (about 1.1 billion), approx. 2.2 billion for various agencies, I don't have more details at that level. We are keeping a close eye on it. We will communicate where things are landing. 1.6 billion will go through a Spark-like process (CARES funding), could come into HCBS system in some way. Increase in KMAP rate for HCBS and PACE. We are making sure that we understand how that funding can be used in particular. It is meant to supplement, not replace state funds. We are in an evaluating stage, strategic, potential investments for the state-whether that be rate change, infrastructure investment. Will be reaching out to stakeholders to get some brainstorm ideas.

**Jerry-my two cents: workforce challenges, recruiting, putting into rates, relief is needed.**

**Amy: you can send me some messages, will give opportunity to give feedback. Reading recommendations from Dee in chat, also recommendations from Complex Needs workgroup. Can be a combination of suggestions.**

**Agenda Item: Jerry Michaud, DSNWK: Waitlist status: waitlist is big. Status?**

**Paula Morgan: the last waitlist offer round was Fall 2019, and those offers took us to people waiting the longest: 11/2/11. Current waitlist active shows: 4,542.**

**Dee: comment in chat-additional funding can become Tech First state, to use tech for how to support people on waitlist.**

**Paula: we do have a couple of states who have been Tech First for several years, we can look at their outcomes.**

**Agenda Item: 5. Shelly Herrington: COI and Guardians:**

**Shelly-trying to create narrative in guide, most recently concern that Sunflower was no longer allowing one guardian to identify other guardian as rep. When we asked questions, 'new expectations from IDD program manager.' Looked at meeting discussions from this meeting, 2017, we had a robust discussion. Focused on Amy's memo, on mitigating conflict of interest. We haven't seen anything currently.**

**Paula Morgan: reads section of the Conflict of Interest policy language from 7/1/15.**

**Amy Penrod: There is nothing new. The policy from 2015 has not been replaced. If the MCO is reviewing and notices that they needed to clean some things up, then they need to address that.**

**Paula: The policy doesn't say that one guardian is on the hook and one guardian isn't.**

**Shelly: referenced memo for Amy's memo, called 'policy.' We need for the policy to be updated. I thought that State would be working on a policy.**

**Amy: We can take another look at this item. I will say that there are more times that we get on a path, and something else diverts our attention, fire to put out, as an example. I will put it on the list.**

**Shelly: it has been on the action log for some years. The Action log given to Operations workgroup to work on, best idea? One last question: designated rep form? Where is it located?**

**Paula: will look up and put the path in notes.**

**Path to Designated Representative Form, at the end of the Conflict of Interest Policy: [https://www.kdads.ks.gov/docs/default-source/csp/hcbs/hcbs-policies/final-policies/general-policies/conflict-of-interest-policy.pdf?sfvrsn=860831ee\\_4](https://www.kdads.ks.gov/docs/default-source/csp/hcbs/hcbs-policies/final-policies/general-policies/conflict-of-interest-policy.pdf?sfvrsn=860831ee_4)**

**Action Item: Conflict of Interest Policy update work**

**Agenda Item: Appendix K and Assessments, Amber Vogeler, ECK**

**Amber: Appendix K and assessments: will Appendix K stay in place until otherwise notified?**

**Amy: yes, all those extended until end date. What CMS has allowed is that Appendix K be extended to 6 months post pandemic/emergency declaration. Biden may extend it throughout 2021. They will provide states notice of intent to end pandemic. Everything will remain until we receive notice, or whenever public health emergency ends, whichever comes first. We will then start unwinding the flexibilities. We know that it will take time to come back from that, will provide as much notice as possible. We want a thoughtful plan for return to normal operations.**

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**Amber: keep in mind that some CDDOs plan 1-2 months in advance, schedule. Can we keep teleconferencing of assessments?**

**Amy: my hope that we will have more than 6 months of notice. Feds looking at 6 months flexibility post end of health emergency. Then, revert to our normal standard of operations.**

**Janet Bolander: wanted to point out that virtual assessments are in policy.**

**Agenda Item: Janet Bolander: PRTF admits and WL:**

**Janet-The current practice is that children who go into PRTF, WL ends. Instructions, WL go back on bottom of list. I propose that they be restored to original spot on WL. We don't have any other rule about taking people off list re: residential.**

**Paula: reads language from waiver and policy.**

**Janet: 9-10 year waitlist.**

**Sherry: frustration: It is adding administrative layers. There is a cost to that. Typically, if someone has to go to a PRTF, they have needs, needs didn't change when they are brought back out. Tracking, putting them on, taking them off, flexibility for these populations would be benefits.**

**Janet: There is no policy that says that they go to the bottom of the list. Should go back to their original place on WL.**

**Amy: will look at what would need to be adjusted to make a change like that, would need to research where the authority lies, in waiver, in policy, and go from there, for our decision-making.**

**Jerry: may also be a conversation when talking about the waitlist study/survey.**

**Amy: We will collect data that allows us to predict, crisis, and other data. There is interest in being able to predictive factors. I'm interested in what that data can tell us. How we can better serve people, so that we can get people services, that's our goal.**

**Cathy: what will be the practice of changing those dates?**

**Amy: it will need to remain the same until a decision is made.**

**Janet: It isn't in policy, it is an interpretation that Paula has made. It is an interpretation that Paula can put them back. It needs to be in writing.**

**Amy: I won't make that determination or call right now. I will make sure that communication is made to the CDDOs.**

○ **Action Item: KDADS Leadership Waitlist Management review of waitlist list removals for institutionalization.**

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○ **Agenda Item: Kathy Brennon: TCM and Licensing Standards:**

○ **Kathy-A while back, a provider of TCM in area, during a licensing review and findings, there was a new interpretation of Case Management regulation, if person has restrictive implementation, even if no services, BMC review. Followed up with Paula Branizor. I see that there is a memo in agenda today. I see issues: licensing, self-directing. Person has to have to have case management, may be limited to needs met of person, gathering information. I have a problem with the intent of regulation. I was here when DDRA was written, when TCM regulation was moved to Article 63. I think that you need to have communication with TCMs. If a Guardian refuses to participate in BMC. Is there any leverage? Foster children licenses licensed**

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separately? It needs to have integrity. We need TCM, they are the boots on the ground. Scott Brunner: Kathy, thanks for that context. It is helpful to hear breadth of issue. The document attached was meant as a draft, I tried to lay out where we are pointing out in regulation, how it reads to us. To clarify our interpretation, and how it applies. I wanted to make clear, the limitation in Article 63. Provider, and the requirement of provider. Legal counsel looked at it, and where we are today: providers include Targeted Case Manager, and are subject to those requirements.

- Kathy: The restrictions that are not needed. TCMs talk to parents about support planning. Parents are not going to collect data (for submitting to BMC), what about parents grounding the children, and age differences. Scott Brunner: We will take those back, and show how the regulation works with that self-direction piece, for the licensed service (TCM). We could look at narrowing the impact to IDD, age, self-direct, if you could look at that, would be helpful.
- Kathy: There needs to be a lot of clarity, and to not make decisions in a bubble. TCMs need to know how to cover themselves if someone refuses to participate.
- Scott Brunner: We could keep working on this. If we have a written document on it, that would be helpful. The document is a draft, I apologize for not placing 'draft' on it. We are working on a process for input for licensing. Providers need to know what we are working on/from. We would like input from group. A narrow focus to different groups, a narrow scope appropriately.
- Dee: I'm really glad that you are on the call today for Licensing. The bigger challenge that we have as a system, challenge that we have straddling two commissions. Differences in interpretation, changes in staff. It seems that there are some unique challenges due to the two separate commissions. I would like more robust conversation.
- Scott Brunner: I have been in job for 15 calendar months, I have had same observation. I don't know how unique it is, license for BH, et cetera. I want to make sure that we are well coordinated with our partners, and also address issues that Matt Fletcher of Interhab has raised with me. I think that we can get there, I'll work with Amy and her commission. No one has done anything wrong, we have it in writing to have something to work from/with.
- Kathy: When you have something that you want pushed out to licensed affiliates, we are happy to push that out, as CDDOs.
- Over 600 people in SG county impacted. The value of paperwork, should be captured in PCSP, as how parents are supporting the person. It is potentially captured in a different format. Scott Brunner: Who can provide feedback? You can send to me via email, will put my email in chat, input to gather. [Scott.Brunner@ks.gov](mailto:Scott.Brunner@ks.gov) When we would have a hard enforcement date? It is middle of March right now, final interpretation for clarity within the next month.
- Kathy: We did have an interpretation in 2008, that was the standard that we went by, when it was moved over to Art. 63.
- **Action Item:** SCC Commission Finalized version of guidance document: K.A.R. 30-63-23, restrictive interventions
- **Agenda Item:** Kathy Brennon: Updating TCM Manual:
- **Kathy-TCM manual update?** This is in reference to complaints about the TCM manual and issues with testing. There are complaints across the board. Shannon and I led a group to update that manual. Prior to MCOs, TCMs did Plans of Care, as per manual. No one seems to own manual and test, Scott. I believe that it is a Licensing item. Currently, I screen shot the test to get to the questions. The first thing that you tell the TCM is that there are wrong answers to take/pass test. I got a group of case managers together to work on manual. We worked on it. Then KDADS stated that maybe new TCM direction. We have to update the manual and test, as per K.A.R. 30-63-32. Someone needs to own the test, update the test. Cross-reference input for a good product. Shut off the test, it is terrible.
- Michele Heydon: made a request for KS-Train, to pull IDD TCM to get it updated, or more relevant. I appreciate the work that you have done on this.
- Amy: We don't want to invest too much time in something that could change. But thank you Kathy, for this information, test items/info that could be pulled from the manual. Continue to work on those pieces/parts to move the ball forward. I defer to Scott on his team's involvement. I'm interested in keeping the ball rolling on the CSP side. We have a lot of projects that we are currently working on.
- Jerry: If they would craft a draft TCM test, and share with KDADS, and then you all can look at it, then swap tests out. We need test in place for today's system.



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	<ul style="list-style-type: none"> <li>○ Amy: For universal items. Manual to be up to date, poll for useful questions. The actual updating of test, straightforward, it needs to determine what is key to test people on. I appreciate the workgroup work.</li> <li>○ Kathy: We need Licensing to participate with workgroup.</li> <li>○ Amy: We will have discussion to get clarity for you, Kathy.</li> <li>○ Kathy: It probably wouldn't be too time-consuming. I have three primary contacts. 30-40 people, divided into teams, working on manual topic assignments. Those 3 groups review and provide outcome to Kathy and Shannon. We need Licensing to be with us during those reviews.</li> <li>○ Comment: I want at least one person on each CDDO to give input.</li> <li>○ Kathy: Initially I sent an email out to every CDDO, I was asked to push it out to TCMs, what I have is what came back to me. Too unwieldy to do 100 people in a group. This is how SRS used to do it for manual review, and development of manual in draft form. This is how it is edited, to get it off the ground.</li> <li>○ Amy: Do it in chunks. Be able to absorb it and the group's work. Thanks group for their work.</li> <li>○ Action Item: SCC and CSP Commissions to review request for updating TCM Manual/Test.</li> </ul> <p><b>Agenda Item: Jerry Michaud: Contract Negotiations:</b>  <u>Jerry-I put this on because it is right around the corner, dates vetted. April 14<sup>th</sup> and 15<sup>th</sup> as primary dates, with April 20<sup>th</sup> and 22<sup>nd</sup> as back up dates. Virtual setting? What should people expect, invites?</u>  <u>Amy: I might ask Dee to help me out with virtual part, might be using Zoom for platform. Pre-meeting with team on 4/1/21. We will roll with COVID-19, should work well.</u>  <u>Dee: Zoom invites will come out from me once I get a firm list on who to invite. I will look at it at our 4/1/21 meeting.</u>  <u>Amy: Any questions? It was less than a day after we had decided on our dates, that the Bethel committee decided to be held on 4/22, so hoping that we will be done by then, or at least work around that meeting.</u>  <u>Jerry-don't have anything more. There will be work taking place in next couple of weeks.</u></p> <p><b>Next Meeting:</b>  <u>Proposed for: August 19, 2021, 9:30am start.</u>  <u>Amy: we have proposed this date unless concern about date? Or something changes with contract negotiations. If so, we will push that information out.</u></p>
Conclusions	See Action Items

Action Items	Person Responsible	Deadline
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