Assistive Technology IDD Workgroup

9 AM – 11 AM
7/14/2023

Meeting Attendance

Organization	Representatives
WSU	Cy Rogers, Zane May
KDADS	LaTonia Wright
InterHab	Nick Wood
KCDD	Craig Knutson
Aetna	Karly Stowe
SACK	Phillip McGruder

Welcome/Introduction

Agreements Suggested:
- Make sure the group is clear about path(s) forward

Workgroup Background

Notes from meetings will be sent out after the first round of meetings. Once the first round of meetings has been completed the notes will go out and will be posted on the website. Participants will be able to provide comments on these notes and other groups work. These comments will be folded into the next notes.

Expect opportunities to provide feedback in December as well.

Purpose & Resources

There's been public comment on assistive services before. InterHab submitted feedback in August 2022. I don't think the purpose is just for providing cameras for remote monitoring. Assistive technology is more than monitoring and people may get caught up on that. Other states have done work on privacy already.

Assistive technology can be low tech or high tech and it's more than cameras, and I expected this workgroup to look broader than cameras. CMS Final Rule visits have highlighted concerns with cameras and their use. I think there are alternatives to cameras that this group can explore and be mindful of privacy as well.

We need clarification from KDADS on whether the state is looking to become a technology first state. Tech first is more than just adopting tech, we need successful hallmarks and measures to guide our tech use. KUCDD's Shae Tanis could talk about tech first initiatives and work implemented in other states.

Minnesota Definition

like this model, other states follow this format. Provided feedback that InterHab has used to mirror this language:

1. "Assistive technology consultation" – functional evaluation by AT providers.

2. "Assistive technology equipment" – cost of the equipment and adjusting it to meet the individual's needs.

3. "Assistive technology service delivery" – monthly cost of a service and monitoring as needed.

4. "Assistive technology support" – education and training beyond initial installation/training and routine service delivery questions and implementation. Includes training for the individual's family members or anyone who are otherwise substantially involved in activities being supported by the assistive technology equipment.

The Minnesota definition is comprehensive and clear.

Missouri Definition

Funding mechanisms – they have a limit, but you don't have to seek outside funding or grants before a person can pursue the use of assistive technology. That's been a concern in Kansas for access to assistive technology. The other funding source is last resort, not first resort like Kansas. The inclusion of annual minimum allowance is important.

Have PERS rolled into bucket and makes sense.

Agree with above (PERS). Medicaid will always have rules around processes to try first and payment steps, and I think this language is trying to navigate the CMS rules and minimum standard states must meet. Including language that is confusing in Kansas:

"All Assistive Services will be arranged by the MCO chosen by the participant."

"All Assistive services will be purchased under the participant's or guardian's written authority and paid to the qualified entity as determined by the MCO and will not exceed the prior authorized purchase amount."

"The participant or responsible party must arrange for the purchase."

"Work must not be initiated until approval has been obtained through prior authorization."

Current language is complicated for MCO care coordinators and when we branch into these other areas it makes it difficult for them to navigate without clarity.

Policy should be as long as it needs to be to include everything that's important and make it clear.

Would like clarification why others are intrigued by inclusion of PERS. How is it implemented in Kansas. PERS is separated out as different benefit than assistive technology, it's a standalone code and service. Life Alert is a monthly cost, allow for one install per year, then there is a monthly reoccurring cost. KDADS communicated they didn't want a limit for IDD but they did want a 10k lifetime limit for other waivers. Having even a soft limit is reasonable. The Legislature considered allocating funding in the budget last year but it didn't go through; there's a chance it will happen this year.

Input Report

Training is necessary for MCO care coordinators. Participant shared the following resource for training https://www.techfirstshift.com/ SCDDO had staff go through it and might have feedback or insight from their experiences.

LaTonia - seeing confusion across Kansas and we want to make sure we have helpful definitions. KDADS is working on different policies because there are different aspects such as remote monitoring, virtual support, etc., and when I think about assistive technology I'm seeing we need to be clear about the purpose of its use, for example is it to help with staffing or is it to help increase independence and quality of life.

Missouri has a risk assessment form to identify why each individual use is being implemented. Here's a presentation about it https://dmh.mo.gov/sites/dmh/files/media/pdf/2019/08/technology-first-webinar-presentation-02052019.pdf

We won't want technology to be overused because it can be expensive and invasive. Have heard examples where too much technology is being used to address issues when there were better options that were cheaper and less invasive. With Co-Pilot technology, there are a lot of really interesting alternatives to cameras.

Discussion

What needs to happen with AT to consider it a success?

Measurable benchmarks such as increase in independence, cost savings, .. Want to see how AT can increase independence and decrease cost.

Had meetings last fall and legislators invited people from other states to share their insights and everyone of them said assistive technology was an important part of decreasing cost and increasing services. Need to remove barriers; legislators have been hearing from families and members that they are unable to get assistive technology and there are issues with timeliness, and the Legislature is expecting to have access improved for them.

Improve access and turnaround times. Increase provider capacity to give more members access to services.

What are potential barriers to success to implementing AT?

We need to engage education system. Schools are using technology more and more and then people transition out of high school they may lost access to technology.

Provider capacity and limits on how to get technology to members. During the pandemic KDADS provided lots of iPads but people weren't connecting to internet, sometimes because provider wouldn't let them onto the internet. Need rights training for providers.

Lack of providers and need to make sure new providers are vetted. Like that Missouri has standards and good practices for Kansas to review and adopt.

Potential areas of concern?

Lifetime limit, because the pace and rate of technological advance is a factor and we need to ensure people have this as an ongoing service, and we need to be able to have tech adapt to needs.

How can we make sure this offering is built to last?

Ensure tech is meeting needs and it can be shown. Part of PCSP. LaTonia – make sure individual wants assistive technology and it's not something being pushed on them.

How should the State determine need?

Missouri has an assessment document that looks helpful. Remote Support Systems Addressing Assessment Considerations: Safety and Home Skills, Medical, Behavioral Supports, Community Skills.

Would help with assessing need and tracking effectiveness. If Missouri providers show they can cut back on PCS with AT then providers get an incentive payment. An idea is to add a section for assistive technology to the PCSP form.

Rules for maintenance and is it owned or loaned?

MCO would tend to own the technology and make necessary repairs. The current waiver doesn't allow much for repairs.

We should be paying for maintenance. PERS is loaned tech.

LaTonia – Considerations with data and who owns it and has access to it.

There are issues to consider and address, for example, wheelchair fittings have barrier issues in Kansas and we would need to address barriers with new additional technology changes. It looks like Missouri requires AT providers to demonstrate an ability to meet needs.

Other questions or feedback?

Will we address emerging technology and how Kansas might use it? Agree with this and it might be good to learn from these providers about their technology and services, how they meet needs, how their services are person-centered, tec. We might benefit from organizing a zoom call with tech providers to learn from them. Could reach out to research universities to learn from them about what they are seeing. Missouri had an ongoing webinar series that had lots of great resources. Please share any opportunities or ideas for consideration.

Wrap Up

WSU and KDADS will share the draft definitions with group to review. Please send any other ideas or resources you think of as soon as possible to include them.

What would make the next meeting successful?

See if Shae Tanis is available. Tanis@ku.edu

Cy – share presentation with group with notes