Waiver Integration

Public Information Sessions
August 25- September 2, 2015
Questions and Answers

General Information

1. **Will this PowerPoint be available?**

   KanCare Website: http://www.kancare.ks.gov/section_1115_waiver.htm

   KDADS website: www.kdads.ks.gov/commissions/csp/home-community-based-services-(hcbs)/waiver-integration-information

2. **When will we be provided with the list of specific services and the actual proposal?**

   Kansas plans to post the 1115 amendment and a list of specific services by September 30, 2015.

3. **If the 1115 amendment is posted on September 30th, will there be a time for public comment?**

   Yes. HCBS consumers and other stakeholders will be able to comment on the 1115 amendment between October and November. Public comment sessions will be held throughout Kansas the week of November 9, 2015. Please visit the KanCare (www.kancare.ks.gov) or KDADS (www.kdads.ks.gov) websites for information about the public comment opportunities.

4. **How can people become involved with the stakeholder workgroup?**

   The Waiver Integration Stakeholder Workgroup Application was available online at www.kdads.ks.gov. The Application Form was sent by email to the ListServ and due to KDADS by Wednesday, September 23. Individuals selected for this workgroup will receive an email from HCBS-ks@kdads.ks.gov with additional information including dates, time, and location of the meetings. In the event that you were not selected, thank you for your interest. KDADS will retain your contact information for potential future stakeholder engagement opportunities.

5. **Will MCOs be part of the stakeholder workgroup?**

   Yes.

6. **How do consumers and stakeholders continue to get information during the waiver integration processes?**

   Information will be available on the KanCare and KDADS websites listed above. Stakeholders can be added to the KDADS ListServ by visiting https://www.kdads.ks.gov/commissions/csp/home-community-based-services-(hcbs) and completing the form at the bottom of the page.

Q&A Table of Contents

Scenarios 3

Matters of Policy 4
- A. Centers for Medicare and Medicaid (CMS)/Department of Labor (DOL) 4
- B. Oversight 4
- C. Bureaucratic Processes 5

General 1115 Waiver Questions 6
- A. Consumer and Family Education 6
- B. Implementation/Public Notification/Drivers of Change 7
- C. Age Limits and Age Transitions 9
- D. Effect of the Waiver on the Lists 10

Point of Entry, Person-Centered Planning, Eligibility, Access to Services 12
- A. Applications and Medicaid 12
- B. Point of Entry 12
- C. Eligibility Determinations 13
- D. Assessment 15
- E. Person-Centered Planning Process 16

Services Provided 17
- A. General Questions About Services 17
- B. Existing Services 19
- C. Proposed New/Expanded Services 21
- D. Support Broker, TCM and Care Coordination 23
- E. Current Waiver Specific Questions 25
- F. Early Periodic Screening Diagnosis and Treatment (EPSDT) 26

Provider/Qualification/Licensing 27
- A. Provider Concerns 27
- B. Capacity Concerns 28
- C. Licensing/Training/Qualifications 30

Budget/Financial 31
- A. Budget/Cost Neutrality 31
- B. Funding Source 32
- C. Compensation/Blended Rates 34
- D. Reimbursement 35

Scenarios

1. **In Jamal's vignette (TBI) there is a service mentioned called supported living service. What is it and is it currently available for IDD?**

   Supported Living is not available for any HCBS Program now. There are services like it for IDD and FE. The idea would be to provide up to 24-hour support for people who need more than 12 hours of support and only get personal care. New Hampshire is an example of a state that has supportive living. Adding supportive living would mean providing an opportunity for independent living without a residential or group home environment.

2. **Why aren't some of the services shown in the children's package already available from EPSDT?**

   All children enrolled in KanCare who have medical necessity for services can access EPSDT, regardless of whether they are functionally eligible for an HCBS program. However, EPSDT has reasonable limits on service, and some children may not qualify for EPSDT. Under waiver integration, children on the waiver who are not eligible for EPSDT or who have reached the limits on EPSDT could have access to extended EPSDT services through the children's waiver.

   For more information about EPSDT visit the CMS website for helpful information: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html

3. **Louise's additional care options are already offered as Medicare benefits. Why are they offered on the waiver?**

   Some services offered on the waiver may be available through or paid for by a third party, such as Medicare. In this case, since Medicaid is the payer of last resort, Medicare would pay first. However, when a service has a time limit or the service is limited to a specific number of hours or sessions, the waiver could be able to pay for the additional time or units for the service after the other party (such Medicare) pays.

4. **The examples were primarily added services to current services. Please provide an example of shifting people from more expensive to more affordable services that better fit needs.**

   The consumer may move from a more restrictive environment, such as residential supports, to a more independent setting, such as supportive living, or the consumer may receive some additional therapies that would allow them to use less personal care.

Matters of Policy

A. Centers for Medicare and Medicaid (CMS)/Department of Labor (DOL)

1. **What happens if CMS does not approve the amendment 1115?**

   Everything would stay the same.

2. **What concerns did CMS have in 2013 and what has changed?**

   In 2012, Kansas met with the Centers for Medicare and Medicaid Services (CMS) in Baltimore and discussed the process to move the 1915(c) waiver program into the 1115. After reviewing the timeline, CMS determined it was not ready to complete all of the administrative steps with the two months left in the year. Since then, CMS has approved waiver integration for Tennessee, Vermont, Rhode Island and Arizona, and Illinois has a pending 1115 waiver that would integrate their nine 1915(c) waivers. Kansas will follow up with these states to learn more about their processes and how waiver integration has worked.

3. **Does the State believe that the planning and CMS approval can be received with new service implementation by July 2016?**

   Yes, Kansas believes the timeline for submission and review by CMS will allow the amendment to be approved for implementation by July 2016. If the process takes longer then Kansas will adjust the implementation date if necessary.

4. **How will the integration affect the final rule efforts?**

   Nothing changes. CMS is applying the final rule to all home and community based programs regardless of the waiver type.

5. **Have any of these plans changed since the DOL?**

   On August 21, 2015, the court of appeals made a decision that upheld the DOL Final Rule, so the State is reviewing some of the services offered on the HCBS programs to see if any changes will need to be made. Kansas is seeking input and public comments on services that could provide support for individuals who need more than 12 hours of care.

   For more information about the DOL Final Rule, visit the KDADS website at: http://kdads.ks.gov/commissions/csp/home-community-based-services-(hcbs)/federal-guidelines

B. Oversight

1. **Currently the state Medicaid plan is overseen by KHDE, the 1915(c) by KDADS. Who will administer the 1115?**

KDHE is the single state Medicaid agency and has oversight for Medicaid. KDADS is the operating agency for the HCBS waivers and behavioral health services. Under waiver integration, KDHE and KDADS will continue to work together to oversee and administer the waivers.

2. **What oversight will CMS have over 1115? Same as current?**

   CMS will continue to oversee the 1115 waiver. There are different groups at CMS that oversee the individual 1915(c) waivers and a different group that oversees the 1115 waiver. Under waiver integration, the 1115 team at CMS that currently oversees KanCare also would oversee waivers under the 1115.

3. **Is there an 1115 amendment currently awaiting approval?**

   No. Our current 1115 is a five-year demonstration project through 2017. Kansas will amend it for waiver integration.

4. **Waiver renewal: One or multiple renewals?**

   Under waiver integration, there will be one renewal process and timeline. When Kansas renews KanCare in 2017, everything in the 1115 will be renewed at the same time.

5. **How will it look integrated? Who will be responsible ensuring clients receive services? What agency?**

   KDHE and the KDADS will continue to work together to administer HCBS programs. The KanCare managed care organizations (MCOs) will continue to be responsible for assessing individual needs and developing an integrated service plan to meet each individual's needs.

6. **What entity is responsible for monitoring services, receiving authorizations, audit compliance standards?**

   KDHE is responsible for oversight of everything in KanCare. KDADS is responsible for oversight of HCBS programs. MCOs are responsible for ensuring providers are qualified and individuals receive the services authorized on their Integrated Service Plans (ISP). Providers are responsible for proving quality services, supports and care.

7. **Will the 1115 waiver include the same protections?**

   Yes. Kansas will ensure beneficiary protections remain in place. Kansas will propose quality and performance measures and will address this technical detail with CMS prior to implementation.

C. Bureaucratic Processes

1. **How does it reduce administrative work to manage seven different waivers? Will**

there still be seven different waivers?

No, there will not be seven waivers. There would no longer be a need to administer seven separate 1915(c) waivers and do duplicative reporting for those waivers as well as the 1115 demonstration. Currently, Kansas has to submit seven different waiver renewals, amendments, quality assurance reviews and reports for the 1915(c) waivers and another set of amendments, quality assurance and reports for the 1115. Waiver integration would require only renewal, amendment, quality assurance and reports under the 1115.

2. **Where do the reductions in administrative work come from?**

   There are multiple areas for efficiencies. There are seven waivers, each having administrative reporting, plus waiver reporting; that requires double reporting of HCBS measures to CMS. In addition, with the two service packages, there will be savings in administering from the same pool of services (e.g., adult or children) across multiple populations (e.g., PD, FE, TBI, etc.).

3. **Why don't they get all the services now?**

   Each 1915(c) is a separate silo of services limited to a specific waiver population. Kansas hopes to allow access to a greater selection of potential services, some of which are currently limited to specific waivers. Services under waiver integration will be more person-centered and based on assessed needs rather than a specific disability definition.

4. **How is the waiver integration different from the in-lieu-of-service option currently available from MCOs?**

   Currently under the in-lieu-of-service option, MCOs have to work outside the 1915(c) waiver process and jump through administrative hoops to authorize these additional services. Waiver integration will allow MCOs to provide the right combination of services without additional bureaucracy, and the process should be much smoother and easier because the services would be part of the Integrated Service Plan (ISP). Under waiver integration, the MCOs will assess individuals and offer choices for the appropriate services based on need instead of based on the specific waiver population.

General 1115 Waiver Questions

A. Consumer and Family Education

1. **Do you have a vision for how families will be educated to navigate the new system?**

   The State will work with providers, advocates and families to help educate them.

2. **How do consumers keep up with the "Who? What? Where? When?" during the waiver integration transition?**

Consumers can sign up on the KDADS website to receive notifications about home- and community-based services (HCBS) programs and waiver integration by following the instructions at: http://kdads.ks.gov/commissions/csp/home-community-based-services-(hcbs). Also, the KDADS website will be updated regularly with information about waiver integration by visiting: http://kdads.ks.gov/commissions/csp/home-community-based-services-(hcbs)/waiver-integration-information

Providers can assist individuals who do not have access to a computer or the Internet by providing copies of the information in accessible formats or directing the individual to contact KDADS to help them access the information. Providers should share this information and other information with consumers, families and other stakeholders in order to participate in the process or request KDHE and KDADS present on waiver integration.

In October and November, KDHE and KDADS will host a number of public information and public comment sessions during the public-comment period. Please join the HCBS Listserv and follow updates on the HCBS website for more information about dates and times.

3. **Will parents and caregivers have to find their own training supports?**

   Medicaid has requirements about what can be paid for by training, but KDADS will make some training available as well as provide public information and education opportunities for consumers, families and stakeholders. In April, KDADS will host the annual HCBS summit and have sessions for consumers, parents and families to help them understand the changes, the different roles and what the processes will be like under waiver integration.

B. Implementation/Public Notification/Drivers of Change

1. **Whose idea is this and who is generating this initiative?**

   It began in 2011 when state staff met with stakeholders about Medicaid reform and we were talking about what we wanted to do with KanCare. The original intent was to move the 1915(c) waiver services into the 1115 waiver and do it all at once. The CMS was not prepared to do the administrative work to move the 1915(c) services into the 1115 waiver. As a result, CMS did something they hadn't done before and allowed us to operate the 1115 and 1915(c) waivers concurrently.

2. **Is this new news? Why have we not heard about it before now?**

   No. This is not new news. Kansas discussed the proposal to integrate the HCBS programs under the 1915(c) into KanCare in 2012 as part of the state's original 1115 waiver request. To prepare for waiver integration, Kansas is engaging stakeholders and seeking public comment on the proposed changes, so a July 2016 rollout will be successful.

3. **Would it be the intent to change names of the waivers and eliminate the silos created by the individual waivers?**

   Yes. The name of the waiver system will change and silos will be eliminated to stop labeling

consumers based on their disability condition. We will have two benefit packages within the 1115 waiver: children's and adults'. Consumers will still qualify for the waiver based on qualifying conditions, but their services will be based on assessed needs not just disability.

4. **Without waiver names how does the state track the number of persons served by population?**

   As previously noted, the eligibility criteria will not change. Those who receive waiver services based on a qualifying condition (e.g., FE, PD, TA, etc.) will be able to be counted based on how they qualified for the waiver and we will be able to report the number of people served based on their qualifying condition.

5. **What will transition services from child to adult look like, particularly for foster care children aging out?**

   Kansas will address this technical detail with the stakeholder workgroup prior to implementation. Individuals, including those aging out of foster care, must be eligible for services (financial and program) to be eligible for the adult waiver program. If an individual transitions from the child waiver to adult waiver, the process is likely to be similar to the current transition process for individuals moving from one waiver to another.

6. **KanCare was to keep people at home instead of in an institution. Is this still the intent?**

   Yes, this is still the intent. Services should be person-centered rather than defined by disability.

7. **Will individuals lose their entitlement to Medicaid while being on the waiver?**

   Medicaid State Plan services, to which people who are Medicaid eligible are entitled, are already within the 1115 waiver. Waiver integration will bring in the quality assurances from 1915(c) waivers and will keep the protections for HCBS. However, there is no entitlement to participation in an 1915(c) waiver.

8. **When waiver integration launches will you be able to choose any MCO or will there be a limited enrollment?**

   No. The open-enrollment process and timelines will not change. Open enrollment periods for existing consumers will be at their regular times and requests for any other plan changes will have to show good cause to change outside the open enrollment period.

9. **Will there be similar services in both packages for children and adults so transitions don't interrupt care continuums?**

   The services will be similar but some will be different based on the needs of children versus adults. Waiver integration would help minimize disruptions with fewer transitions.

10. **Why the rush. There are so many things that aren't working. Why do we rush into a big change when what we have isn't working?**

    The state put a lot of time and resources into KanCare implementation. If you are not seeing improvements in how it is working, please contact the KanCare Ombudsman or KDADS or KDHE staff with specific information about the problem. We are serving over 428,000 people in KanCare and it works for the vast majority. Any new initiative will have some level of issues, but we don't want to wait until everything is perfect to make the next improvement and we believe waiver integration is an improvement. We want to deliver the right care to the right people at the right time and we believe that time is now.

C. Age Limits and Age Transitions

1. **What will be the ages for the children's benefit package?**

   Ages 0-21 will likely be the children's age for that benefit package, but Kansas will review various federal program requirements to ensure waiver integration aligns with them.

2. **Will there continue to be age limits?**

   Yes. There will continue to be age limits for eligibility and for services. The age limits for eligibility will stay the same. Some services will continue to have appropriate age limits or only be available in the children's or adult's package consistent with federal requirements in defining age categories and service definitions.

3. W**ill each available service have the same age limits? Not expected to change?**

   Kansas does not intend to change age limits. However, some services may change or be expanded based on the waiver packages for children and adults.

4. **Do you foresee the adult and children's services being drastically different?**

   Some services may only be available in the children's or adult's packages. The waivers will also have similar services. Kansas is seeking input and public comment on the proposed services that will be posted with the 1115 amendment after September 30, 2015.

5. **Currently people can receive PD waiver services from the age of 16. With the proposed integration, what would their options be under waiver integration?**

   Under waiver integration, a person with PD who is 16 would receive services from the children's benefit package and then transition to the adult package if eligible.

6. **Will I lose my help from the Traumatic Brain Injury waiver after the age of 65?**

   Under waiver integration, the adults' benefit package will allow the MCOs to provide appropriate services based on an individual's assessed need even if he or she turns 65.

However, the eligibility requirements for TBI will not change under waiver integration.

7. **Now when a person is on the PD waiver and turns 65, they can choose to stay on the PD waiver rather than go to the FE waiver, which offers fewer services. Will anything change with this?**

   As long as the person is eligible, the individual can continue to receive necessary adult services based on the individual's assessed needs. Waiver integration will standardize and expand services and eliminate the transition for frail elders, so there should be no fear of transition just because a person turns 65.

D. Effect of the Waiver on the Lists

1. **How will integration manage waitlists? How can it eliminate waitlists without additional funding?**

   Kansas anticipates efficiencies and savings by integrating the HCBS waivers. Kansas plans to continue to direct savings toward addressing the waiting lists.

2. **How do you see the waiver integration reducing wait lists?**

   People may switch some of their existing services for less costly services that provide them more flexibility and better care coordination will result in better outcomes and fewer medical costs or institutionalizations. The money that is saved can be spent toward reducing the wait lists. Additionally, some individuals may be eligible for more than one program and are listed as waiting for services on a different program. Under waiver integration, appropriate services will be available to meet the individual's needs, so the individual would no longer need to be listed as waiting for services.

3. **How will the state ensure that those populations and waivers that don't have a wait list will not have one as a result of the integration?**

   Savings from waiver integration can be used to eliminate existing waiting lists. Kansas has already reinvested over $65 million in KanCare savings into HCBS waivers to decrease waiting lists. The populations whose 1915(c) waivers don't currently have waiting lists are expected to continue to not have waiting lists because there is turnover for those populations.

4. **For waivers with wait lists, will they still maintain the individual wait list or combine them?**

   As part of the waiver integration process, CMS will expect Kansas to have a transition plan that addresses the wait lists. Kansas will address this technical detail with CMS and stakeholders prior to implementation.

5. **How will wait lists be managed? Are there methods for crisis or will they remain?**

   KDADS will continue to manage the waiting list. Kansas will address this technical detail

with CMS and the stakeholder workgroup prior to implementation. Kansas seeks input and public comment on the proposed process.

6. **Would individuals start over on the waiting list time if they get a new assessment?**

   If a person already has a position on the waiting list, a new assessment would not change that position.

7. **I know we're planning additional services, how will this impact those who have been waiting for years and how many are there?**

   Kansas plans to continue to use the cost savings from waiver integration to address the waiting lists. KDADS is expecting to eliminate the waiting list for PD by July 2016. There are approximately 3,400 individuals on the IDD waiting list and about 100 children on the proposed recipients list for Autism. Kansas continues to offer services to individuals on the IDD wait list and has moved over 200 individuals from the IDD waiting list to waiver services this year.

8. **Why is the state taking all PD wait list clients into services before 12-31-15? Why aren't they going on this integrated wait list?**

   Kansas has not reached the maximum number of individuals who can be served on the PD waiver in 2015, so the State wants to continue to work to eliminate the waiting list sooner rather than later. Until waiver integration is implemented, Kansas will also continue to offer positions to individuals on the IDD waiting list and Autism proposed recipients list as a position becomes available.

9. **How will the wait list impact the elderly accessing waiver services in the future? This is regarding new consumers – not current consumers.**

   Kansas will address this technical detail with CMS and stakeholders prior to implementation. Kansas expects waiver integration along with the continuation of managed care to result in continued savings, so there will be resources available to new people.

10. **If a child is on a waiting list and then turns 18, where will their placement on the adult waiting list be?**

    Kansas will address this technical detail with CMS and stakeholders prior to implementation.

11. **Will the Autism list of children not currently able to access services be able to with this new waiver?**

    Kansas will address this technical detail with CMS and stakeholders prior to implementation.

12. **If the state is not able to implement the 1115 waiver amendment, how will the**

waiting list be managed?

If CMS does not approve the 1115 waiver amendment, Kansas will continue to manage the waiting lists and work to decrease or eliminate the waiting list with savings from KanCare.

Point of Entry, Person-Centered Planning, Eligibility, Access to Services

A. Applications and Medicaid

1. **Will people still be able to apply for Medicaid – financial, Medicaid – functional, Social Security Disability at the same time or will one process need to happen before the next step can be taken?**

   The process will be the same.

2. **What is DCF's role in eligibility and is it changing?**

   January 1, 2016 all eligibility determination work will transfer to KDHE, with the exception of eligibility for children in Foster Care.

B. Point of Entry

1. **Will this change point of entry for 1915(c) services and who will complete functional assessments?**

   Currently, the points of entry will remain the same and eligibility process for the waivers will be performed by the same entities (e.g., Aging and Disability Resource Center (ADRC), Community Developmental Disability Organizations (CDDO), Community Mental Health Centers (CMHC), etc.). Kansas will address this technical detail with CMS and stakeholders prior to implementation.

2. **If eligibility will be the same, does that mean that intakes will be the same?**

   Currently, intakes will occur through the same entities. Kansas is reviewing federal guidance for a No Wrong Door/Single Entry Point system that will allow individuals to receive information, assistance and referral regardless of which entity they contact.

3. **About the entity that does the single point of entry. It was shared in a meeting this morning that the goal was to move to a single entity for all waivers and the RFP that was put on hold.**

   Kansas is looking at No Wrong Door/Single Entry Point system, but this does not necessarily mean that it will be a single point of entry. Kansas put out a Request for Information in the spring of 2015 to gather more information about how the current system works and how connecting individuals to the right information, assistance, supports and services in the community or through Medicaid could help aging and disabled Kansans. Kansas is still

considering this and may put out a Request for Proposal (RFP) for the No Wrong Door system in the future. The RFP would be open to any organization that would be interested in providing information, assistance, referral and assessment to all aging and disabled populations.

4. **Will there be separate manuals for each disability entry point or one manual?**

   Kansas intends to have one manual for HCBS eligibility with specific information about each population.

5. **You've spoken of the ARDC, but nothing of the CDDOs. Is there a plan to phase out the CDDOs?**

   No.

6. **CDDO – will the role and function remain the same?**

   Kansas will address this technical detail with the stakeholder workgroup prior to implementation. How disability-specific assessing entities (CDDOs, CMHCs, KVC, etc.) will work within the integrated system and comply with CMS expectations of conflict of interest will be address as part of stakeholder engagement.

7. **Currently agencies affiliate with CDDOs to provide IDD services. How will this work under waiver integration?**

   Kansas will address this technical detail with MCO and the stakeholders prior to implementation. CMS has required the state to review the regulations to determine compliance with the HCBS Final Rule. Any potential changes would be discussed as part of stakeholder engagement.

C. Eligibility Determinations

1. **Pathway to eligibility" - What does that mean?**

   This refers to the criteria for eligibility, which will continue to be the same.

2. **Who is doing the work on eligibility?**

   People who want to access 1915(c) waiver services must meet financial eligibility – determined by DCF- and functional eligibility determined by different contracted entities, including CDDOs. Beginning in January 2016, all financial eligibility determinations will be performed by KDHE. Functional eligibility determinations are expected to stay the same.

3. **If eligibility will be the same, does that mean that intakes will be the same? Who will complete functional assessments?**

   Currently, the point of entry for eligibility for the waivers will be through the same entities

(e.g., Aging and Disability Resource Center, CDDO, CMHC, etc.). Kansas is reviewing federal guidance for a No Wrong Door/Single Entry Point system that will allow individuals to receive information, assistance, and referral regardless of which entity they go to for information.

4. **Is criteria for eligibility public and posted?**

   Functional eligibility is performed by KDADS contractors. Financial eligibility is performed by DCF and by KDHE. The criteria for both are on the KanCare and KDADS websites. For a printable version of a helpful table to describe the criteria, visit the KDADS website: http://www.kdads.ks.gov/commissions/csp/home-community-based-services-(hcbs)

5. **Do you have to requalify?**

   There are two types of eligibility: Financial and Program. If you are Medicaid eligible (financial) then you may not need to requalify unless your financial status changes.

   To be eligible for a waiver, you must meet program eligibility. You must be assessed at least every year for one of the seven eligibility populations: Autism, Frail Elderly, Intellectual and Developmental Disability, Physical Disability, Technology Assisted, Traumatic Brain Injury or Severe Emotional Disturbance. This will not change under waiver integration. You must continue to be eligible for one of these waivers to stay on the children's or adult's waivers under the 1115 the same way you must stay eligible for the 1915(c) waivers now.

   Not all 1915(c) waiver programs involve disabilities that are permanent. If you get better or you no longer meet the eligibility criteria for one of the eligible populations, you would no longer be on the waiver program. This is no different from the current requirements.

6. **Will clients currently in HCBS stay or will they have to reapply?**

   Consumers who are currently eligible for HCBS will be eligible for the adult or children's waiver based on their age, and they will not have to reapply. However, they will still be assessed for eligibility at least every year. If they are no longer eligible for a program, then they would have to reapply if they become eligible in the future.

7. **If I assess a child who is not SED but could qualify through a CDDO, would there be problems with that?**

   No. If a child is assessed for the SED program and does not meet the eligibility requirements, the child could still be assessed by a CDDO for IDD eligibility.

8. **I evaluate for the SED waiver and if they do not meet the criteria but might for another, can they be assessed for another group.**

   Yes. They could be referred to another program to be assessed, if you think they may meet the criteria for other populations.

9. **Currently on the SED waiver you must show rehabilitation to prove medical necessity. The IDD is habilitative in nature. How will the integration change this distinct difference?**

   Kansas intends to keep the distinctions for eligibility populations. This provision of the SED waiver has a purpose. Under waiver integration those who are eligible for an HCBS benefit package will continue to have access to the services and some may have additional supports. However, those who are transitioning or who may no longer be eligible for those services but who could be eligible for and transitioned to another waiver will be.

10. **Will the TBI waiver pertain to oxygen deprivation injuries as well?**

    No. Kansas does not intend to expand the current definitions of the eligible waiver populations during waiver integration.

11. **Are people with acquired brain injuries now eligible for TBI waiver?**

    No. Kansas does not intend to expand the current definitions of the eligible waiver populations during waiver integration.

12. **Have you considered adding persons with mental health issues to those eligible for a waiver? Adults with MH issues have no waiver. Will it have one?**

    No. Kansas does not intend to expand the current definitions of the eligible waiver populations during waiver integration.

13. **Will waiver integration include behavioral health services covered for adults?**

    The Medicaid State Plan covers adult behavioral health. KanCare members who are on HCBS waivers will continue to have their behavioral health services coordinated by the MCO care coordinator. The SED waiver covers separate services not covered through the Medicaid State Plan.

D. Assessment

1. **Who will do needs assessment and determine what services are needed?**

   MCOs are responsible assessing a consumer's needs for physical health, behavioral health and HCBS. MCOs will work with consumers to review their assessed needs for supports to determine what services would be available and can be authorized on the ISP.

2. **How will consumers be assessed for services? Will they have to be in crisis to expand services?**

   Consumers will be assessed the same way they are now. MCOs will continue to perform needs assessments. Based on their assessed need, MCOs will expand available services to a consumer based on their qualifying condition. However, service definitions and limits may

apply to services; there may criteria for determining when a person is eligible to access additional services or hours.

3. **Functional assessments continue to be annual. Would a new assessment be required to transition to new services?**

   Yes, functional assessments will be completed annually. MCOs will complete a needs assessment at least annually, upon request by the consumer, or if the person's needs change. A new assessment may be completed if a person needs new or different services. Kansas will address this technical detail with CMS and the stakeholder workgroup prior to implementation. Kansas is seeking input and public comment on this process.

4. **With the MFEI (Medicaid Functional Eligibility Instrument) or (Multi Eligibility Functional Instrument), will there be an age appropriate assessment?**

   At this time the MFEI is only applied to the PD, FE and TBI populations. The State is reviewing the IDD functional assessment instrument (BASIS) to determine how it can be improved. Kansas will continue to review all of the assessment tools and ensure they meet the CMS expectations that they are valid and reliable. Age-appropriate questions are part of this review and improvement to the MFEI.

5. **Who will complete the assessments?**

   At this time, functional assessment process for HCBS eligibility will stay the same until Kansas receives additional guidance from CMS to ensure we comply with the HCBS Final Rule and conflict of interest. The needs assessment and other assessments for services will still be done by MCO care coordinator.

8. **Will Community Mental Health Centers still do assessments for children to receive services on Severe Emotional Disturbance waiver?**

   Kansas will address this technical detail with the stakeholder workgroup prior to implementation. How disability-specific assessing entities (CDDOs, CMHCs, KVC, etc.) will work within the integrated system and comply with CMS expectations of conflict of interest will be address as part of stakeholder engagement.

9. **QMHPs are currently required to complete the SED assessment. Will they still do this or will an external entity?**

   Kansas will address this technical detail with CMS and stakeholders prior to implementation. CMS has required the state to review the regulations to determine compliance with the HCBS Final Rule. Any potential changes would be discussed as part of stakeholder engagement.

E. Person-Centered Planning Process

1. **Will there be a universal person-centered plan?**

Under the HCBS Final Rule, the Managed Care Organizations are required to have an integrated service plan that includes the person-centered planning elements found in 42 CFR 441.301(c). This rule applies to the current HCBS programs, and the MCOs will be providing education to the consumers and stakeholders on the revised integrated service plans starting October 1, 2015.

2. **Who develops person-centered care service plans?**

   The KanCare MCOs will continue to develop the Integrated Service Plans (ISP) in accordance with the HCBS Final Rule, which includes person-centered planning and new documentation requirements for all HCBS Programs.

3. **Person centered support plan process – tell me more about it and the integration and the rumors are that MCO care coordinators are being trained to implement.**

   For individuals with Intellectual and Developmental Disabilities (IDD) only, there is a specific person-centered support plan (PCSP) that a targeted case manager (TCM) completes in compliance with Kansas administrative regulation. For HCBS Programs, all consumers must have an integrated service plan (ISP) that is developed using a person-centered process and includes requirements from the new regulation from CMS in the HCBS Final Rule. The TCM will continue to develop the PCSP as part of the person-centered planning process for individuals with IDD. MCOs and the State will present on the requirements and changes to the ISP at the Interhab Conference in October.

4. **Who will be the referral source and responsible for the plan of care?**

   The MCOs are responsible for developing the Integrated Service Plan (ISP) and authorizing services for the plan of care for individuals who are eligible for the waiver program. This will not change under waiver integration.

5. **Under waiver integration, how will providers know what services a person is eligible for?**

   The MCOs will continue to develop the Integrated Service Plan that will include the services that a person is eligible to receive. Providers will receive prior authorizations for services. The ISP and authorization will be how providers know what services a person is eligible to receive.

6. **Will services require prior authorization by the MCOs?**

   The MCO will continue to authorize services on the individual's Integrated Service Plan. This serves as the provider's authorization to submit a claim for reimbursement of services.

Services Provided

A. General Questions About Services

1. **Is the intention to provide basic services across the board?**

   Under waiver integration, Kansas plans to provide a greater array of services and supports to all populations serviced by the waivers. When planning services, there will be an entire menu of services available for person-centered planning and authorization on the Integrated Service Plan.

2. **In regards to the naming of services, will they be the same across all populations?**

   Yes, the names, definitions and provider qualifications for similar services will be the same across all populations to ensure consistency.

3. **Is there a comprehensive list of services available?**

   The list of all services and supports will be available on the KanCare and KDADS websites after September 30, 2015 along with the draft 1115 amendment.

4. **Is there some place where you can see all the service definitions and any conditions/criteria for receiving those services?**

   Yes. It will be available on the KanCare (www.KanCare.ks.gov) and KDADS (www.kdads.ksgov) websites when Kansas posts the draft 1115 waiver amendment.

7. **Any new services proposed? Any services eliminated?**

   Some services may have changes to names, definitions, frequency, eligible populations, limits, and provider qualifications, so please review the services and supports that impact you and provide comments on proposed changes. Kansas may propose to combine, expand or change services based on how often a service is used or how similar the service is to another available services.

8. **What new services will be added through waiver integration?**

   Potential new or expanded services may include support broker or supported living or shared living for those who need more than 12 hours of support or care, and other supportive options. The list of all services and supports will be available on the KanCare and KDADS websites after September 30, 2015 along with the draft 1115 amendment.

9. **Is there a one-to-one / one-to-many mapping of services under the current plan(s) to the new plan?**

   Kansas will provide a crosswalk of current services to new or combined services similar across 1915(c) waivers. If you get services now you will continue to get services. The type of service or name of service may change. Some services may be very similar but be called something different. Kansas wants services to be defined by person's need and not by the diagnosis.

10. **How will waiver integration affect Health Homes?**

    It won't.

11. **Under waiver integration, what will be the role of the Health Homes be since they provide similar services?**

    Health Homes provide services in addition to all other services, except for TCM. KanCare members who receive integrated waiver services could continue to receive Health Home services if they qualify for them.

12. **Will the same opportunities be available on the *WORK* program?**

    The *WORK* program will continue to be available. The Working Healthy program is not a 1915(c) waiver program.. This is not part of waiver integration. People will still qualify if they have IDD, PD or TBI and meet the other program requirements.

13. **Under waiver integration will services be open to all or limited to certain populations?**

    Some services will not be expanded based on the utilization or cost. Kansas will look at proposing some new or similar services for different populations. However, at this time, Kansas does not intend to expand all services to all populations.

14. **Will service hours be limited?**

    Services will have limits just as they do now. Proposed limits will be based on review of utilization, review of current service limits. Kansas is seeking input and public comment on proposed services that will be posted on the KanCare and KDADS website after September 30th.

15. **Will recipients be able to maintain the status quo or be required to accept additional services?**

    They will not be required to accept additional services but may be offered additional services, which could remove barriers and provide greater options for their plan of care. However, if a service is removed or changed, a person may be reassessed and need to choose from the services that are available to meet the individual's assessed needs.

16. **Is there a situation where existing clients lose existing services?**

    The State does not anticipate that occurring. People will continue with the services they currently have or receive new additional services. Kansas does not expect they will lose their services; however, the proposed changes might affect their service options. Kansas is seeking input and public comment on how the proposed changes may impact you.

B. Existing Services

1. **Will all current waiver services be available under 1115? Will there be any changes?**

   The list of all services and supports will be available on the KanCare and KDADS websites after September 30, 2015. Some services may have changes to the names, definitions, frequency, eligible populations, limits, and provider qualifications, so please review the services and supports that impact you and provide comments on proposed changes.

2. **Will all the same services on the TBI or other waiver still be offered and at the same frequency?**

   The list of all services and supports will be available on the KanCare and KDADS websites after September 30, 2015. Some services may have changes to the names, definitions, frequency, eligible populations, limits, and provider qualifications, so please review the services and supports that impact you and provide comments on proposed changes.

3. **Will you remove any current services?**

   Some services may be removed, combined, expanded or changed based on how often a service is used or how similar the service is to another available services.

4. **With waiver integration, will you still be able to self-direct?**

   Yes. Self-direction will still be allowed, and some additional services may also include self-direction.

5. **Self-direction: what if an individual doesn't have a representative and doesn't have the capacity to self-direct?**

   In the Kansas model for self-direction, the consumer is the employer and is responsible to hire, fire, manage, train and supervise direct support workers providing care and other services to the consumer. The consumer must show the ability to self-direct or choose a guardian or representative to do so on his or her behalf. If a consumer does not have the capacity to self-direct, the consumer can still receive agency-directed services to meet his or her assessed needs.

6. **Will the state plan be changed to include speech therapy to be used regardless of age?**

   The state plan is not expected to be changed to expand services. Under waiver integration, individuals on the waiver may have access to expanded speech therapy based on their assessed need that goes beyond what is covered on the Medicaid state plan.

7. **Currently Medicaid home delivered meals are offered only to PD and TBI waivers. How will the waiver integration incorporate the home delivered meals?**

   Kansas is looking at proposing to expand home-delivered meals across all the adult populations.

8. **Will there still be day services?**

Yes. Day services are valuable for some, but Kansas will evaluate all services in relation to Federal requirements and the HCBS Final Rule.

9. **Will Sleep-cycle support be lost?**

   For waiver integration, Kansas is looking at proposing different services to support individuals who need more than 12 hours a day of personal care services. In the meantime, Kansas is reviewing the possible impact of the court decision related to the Federal Department of Labor Final Rule may have on services such as sleep-cycle support. Kansas is seeking input and public comment on proposed options for individuals who need supports beyond 12 hours of care a day to remain safely in their homes and communities.

10. **Would residential services be available across the populations?**

    That is not something likely to become available across all populations. Kansas is reviewing alternative options to support individuals who need more than 12 hours of care per day. Kansas is seeking input and public comment on proposed options for individuals who need supports beyond 12 hours of care a day to remain safely in their homes and communities.

11. **What will happen to behavior therapy, speech therapy, adaptive supports, etc.?**

    Some services may have changes to the names, definitions, frequency, eligible populations, limits, and provider qualifications, so please review the services and supports that impact you and provide comments on proposed changes.

12. **What are the differences between autism services and behavior therapy?**

    Autism services are limited due to time and age. Behavior therapy is for working with behavioral issues for children with emotional disturbances to improve their behaviors. These services are being reviewed to determine if there is any overlap or if the services should be changed or combined.

13. **Why can't MCOs offer OT, PT, speech, and other services?**

    Currently the MCOs can approve additional services under what is called "in lieu of" services. It is a long process with many steps, and there may not be as many individuals accessing those additional services as a result. Waiver integration would remove much of the bureaucratic process and make "in-lieu-of" services available to others based on their assessed need.

14. **When will the parent fee program be running again?**

    KDADS will work on updated policies and procedures for the Parent Fee Program. It will continue to be a component of HCBS services.

C. <u>Proposed New/Expanded Services</u>

1. **Will this open up more services? Is there a limit to new services?**

   Under waiver integration, individuals may have greater access to different types of services that may meet their assessed needs. This will allow the MCOs to authorize services based on need instead of waiver population. While there may be more services to choose from, this does not necessarily mean that everyone will need all of the new services or be able to access the maximize amount of services needed. There will continue to be reasonable limits on new and existing services based on assessed needs, population or disability, and other criteria as appropriate. Please review the proposed changes to services and supports and provide input and public comment on how the proposed changes may impact you.

2. **Some integrated waivers in other states have budgeting and cash counseling, are we considering it?**

   Kansas is seeking input and public comment on proposed services and recommendations for the addition of services and supports that will help an individual become as independent as possible. This may be a good recommendation for the state to consider.

3. **Will the new services include parent as caregiver funds?**

   Kansas is seeking input and public comment on proposed services and recommendations for the addition of services and supports that will help an individual become as independent as possible.

4. **Where are we in regard to providing behavior support or someone to help mom and dad. I work in this field. What are the qualifications for the providers?**

   Behavior support is a limited service for certain populations. Positive behavior supports may be offered by the MCO to support an individual's needs. This service may be beneficial for different populations, and Kansas is seeking input and public comment on new or proposed services that would support individuals to become as independent as possible.

5. **TBI gets therapies beyond what is covered in Medicaid state plan. Can those be extended to other?**

   The list of all services and supports will be available on the KanCare and KDADS websites after September 30, 2015. Under waiver integration, MCOs will be able to authorize appropriate services based on assessed need such as medical necessity. Kansas is seeking public input on the proposed services that may be expanded to other populations.

6. **Will the work of transition specialists and cognitive therapy be standardized? For example, someone's on the PD waiver and their reason for being on the waiver is a stroke. Would that be something that they would be eligible for like TBI patients?**

   The list of all services and supports will be available on the KanCare and KDADS websites after September 30, 2015. Under waiver integration, MCOs will be able to authorize appropriate services based on assessed need such as medical necessity. Kansas is seeking public input on the proposed services that may be expanded to other populations.

7. **Is Supported Employment currently offered?**

   Currently, supported employment is only available for individuals on the IDD waiver. Under waiver integration, Kansas proposes to expand supported employment to all populations who can benefit from it. We know that employment increases health and well-being.

8. **Will *Working Healthy* move to HCBS as part of supportive employment?**

   No. *Working Healthy* is a *Ticket to Work* program. It's not a 1915(c) waiver program. Kansas is seeking public input on the proposed services, so if you see a practice in that program that works, please provide public comment on those ideas for supportive employment.

9. **What happens when people become employed and client obligations increase?**

   An individual is required to pay the client obligation even if it increases. As long as a person's client obligation is less than his cost of care on the waiver program, the person can continue to receive services he or she is eligible to receive based on his or her assessed need.

D. Support Broker, TCM and Care Coordination

1. **How are these services different? TCM, care coordinator, support broker, and health home?**

   - **Targeted Case Managers** are responsible for four targeted services: assessment, development of a person-centered support plan, monitoring services, and referral to appropriate services. TCM is a state plan service, not an HCBS waiver service, and is limited to individuals IDD and behavioral health services.
   - **Care Coordinators** are responsible for primary care case management for physical health services, behavioral health services, and long-term services and supports for HCBS programs. They develop the Integrated Service Plan (ISP) and ensure individuals are receiving services and supports based on their assessed needs.
   - **Health Homes** is a system of support and coordination for individuals with specific needs or supports. Health Home services are offered in addition to all other services, except TCM, which cannot be provided to anyone receiving Health Home services.
   - **Support Broker** is a proposed new service. Under CMS rules we cannot duplicate services and some of that role might overlap with TCM and other services but also provide direct services such as helping people fill out forms.

2. **Is a support broker a new service?**

   It would be a new service option. Support brokers are geared toward self-direction – so Kansas wants your feedback on them. If you want more information about brokers, look at states such as Wyoming and Oregon, and how they use brokers.

3. **What entities provide support broker services currently?**

None. There are some providers/services in other states that would be worth investigating.

4. **Can you speak more about the support broker service?**

   Support Broker is a proposed new service. We've spoken to many different types of providers. The idea is that support broker would provide direct support to clients beyond care coordination or case management for specific duties. Kansas is proposing to look at this service to see if it would work for our populations and are seeking feedback from the population to see if we should add this as a possible service.

5. **How is a Support Broker different from a Targeted Case Manager?**

   A support broker can provide direct supports and assistance such as completing Medicaid applications. The Targeted Case Manager has defined duties based on federal regulation: assessments, developing person-centered plan, monitoring services, and referral.

6. **Rather than create another role – instead of support broker, why not expand TCM?**

   TCM is defined rather narrowly by CMS. For example a TCM cannot provide any direct support such as filling out forms for the person. Kansas is exploring the option to add a supportive service like support broker or expanding an existing service like transitional living skills to help individuals with independent living tasks such as completing applications, finding community resources, exploring housing, etc. However, the State does not want to replace or duplicate existing supports such as information and assistance from FMS providers, independent living counselors from centers for independent living, or targeted case management for individuals with IDD. Kansas is seeking input and public comment on proposed services to support individuals.

7. **Will we be able to keep our case managers?**

   One of the State's key decision points is: should the State replace TCM with support broker, offer both services, or not add support broker at all. Kansas is seeking public comment on this proposed service.

8. **Is targeted case management going away?**

   Not necessarily. Currently, targeted case management is only for IDD. Support brokers can help other populations and do things TCMs aren't allowed to do. At times it might make sense for someone to have a support broker.

9. **Under managed care PE, FE, and TA lost their case managers while IDD still has them. Will they lose them?**

   Targeted case management is a state plan service and not part of waiver integration. Kansas does not intend to make changes to TCM for IDD.

10. **Will support brokerage limit or replace targeted case management (TCM) for IDD?**

It is a recommended service, and we would like to learn what consumers and families want. Support brokers provide direct support like filling out applications, and TCMs cannot do that because of federal limits on the role of a TCM.

11. How does the 1115 waiver affect TCM for IDD and how do we keep it conflict free?

The HCBS Final Rule (42 CFR 441.301) includes requirements for a conflict free system, including case management. Kansas will address this technical detail with the CMS and stakeholder workgroup prior to implementation.

12. Will the criteria also fluctuate?

CMS sets the requirements for targeted case management, which is a state-plan service. Kansas will define the service, limits and qualifications for support broker as a waiver service.

13. My question is about TCM and care coordination. Will they cross over?

There is no expected change for how TCMs and care coordinators interact to support individuals with IDD.

E. Current Waiver Specific Questions

1. **On the Severe Emotional Disturbance (SED) waiver, there is not an option for self-direction. Will there be a possibility for that?**

   Some expanded services that offer self-direction may be expanded to SED. There is a possibility that self-direction could be an option for children who are SED eligible. Kansas is seeking input and public comment on this proposed change and how it may impact you.

2. **When medically necessary services are necessary, what is the coordination of plans? For example, a child on the Severe Emotional Disturbance waiver (SED) has a medical necessary service that needs coordination but their primary service point is a Community Mental Health Center (CMHC). Who takes care of that when medical necessity crosses services?**

   Under waiver integration, Kansas is looking at standardizing the process and role of assessing entities, MCOs, and providers to be consistent for all eligible populations. Kansas will address this technical detail with the stakeholder workgroup prior to implementation.

3. **Does the 1115 waiver impact the Severe Emotional Disturbance waiver renewal due October 1, 2015?**

   No, current renewals are not impacted by waiver integration and the proposed 1115 amendment. Kansas will finish waiver renewals for SED and Autism on time.

4. **Currently kids on SED waiver are time limited unlike some other waivers. Under waiver integration, would individuals who qualify for SED and are on IDD waiting list**

be able to stay longer to address IDD issues?

The current eligibility criteria will not change. However, under waiver integration, children who are SED eligible may have access to additional services and supports that were traditionally only available for children who are on the IDD waiver. If a child is both SED and IDD eligible, the child would be able to receive appropriate services based on his or her assessed needs and would no longer need to wait for IDD-specific waiver services.

5. **Will TBI rehabilitation services be standardized?**

   All services under the waiver will be standardized and consistent for the eligible populations. This would include TBI services being consistent if they are expanded to other populations. Kansas is seeking input and public comment on services and supports.

6. **How will waiver integration affect the IEP supports services? Will the MCOs now do that or someone else? Right now the IDD caseworker attends IEP meetings.**

   Based on the HCBS Final Rule and expectations for the person-centered planning process, the MCO care coordinator will participate in the planning process for services and supports for individuals receiving waiver services. There are rules around TCM and targeted case managers are not allowed to do some things. TCMS should only provide billable activities that are not a direct service.

7. **Will there be any change to residential or vocational I/DD services as they are provided now?**

   CMS requires the state to review the regulations to determine compliance with the HCBS Final Rule. Any potential changes would be discussed as part of stakeholder engagement and public comment period for the Statewide Transition Plan for the HCBS Final Rule. Kansas will address this technical detail with the CMS and stakeholder workgroup prior to implementation.

F. Early Periodic Screening Diagnosis and Treatment (EPSDT)

1. **EPSDT services how to get them and access them now.**

   EPSDT is an entitlement part of the state plan, not part of the waivers. EPSDT is a federal requirement for Medicaid that requires state Medicaid programs to cover interventions (e.g., services, treatment, etc.) that are medically necessary and identified during regular well-child visits and screenings.

2. **If a child is already getting services through the education system but they need more speech language pathology, how can they get this?**

   If the need is identified on the IEP, the school must provide the service. If it is an identified medically necessary need and the child is on Medicaid , it might be possible for the

additional therapy to be covered through EPSDT.

3. **Will children be limited to home modification or van lift assistance through EPSDT?**

   The waiver is separate from EPSDT. Children who are not on HCBS waivers can still have access to EPSDT. States can impose permissible limits on EPSDT, including individual medical necessity, prior authorization, non-coverage of experimental treatments/items and covering services in the most cost-effective way possible.

4. **What will the process be for accessing waiver vs EPSDT? Clarifying – those waiting who need to access them. What are the different points?**

   All children in Medicaid have access to EPSDT; however, this is not an unlimited benefit (see answer immediately above). To be eligible for one of the 1915(c) waivers children must meet the functional eligibility criteria for the waiver through being assessed by the contracted assessing entity. More information can be found on the KDADS website.

5. **Medical necessity? Guidelines?**

   Medical necessity is defined by state regulation in Kansas. There is a specific definition of what doctors have to do to demonstrate that something is medically necessary. With children, Medicaid requires Early Periodic Screening Diagnosis and Treatment (EPSDT). If a regular wellness exam uncovers the need for an intervention that is not covered by Medicaid, but falls into one of four federal categories, the doctor provides information to demonstrate medical necessity. Services and equipment that have to be authorized may also have medical necessity requirements and reasonable limits.

Provider/Qualification/Licensing

A. Provider Concerns

1. **Will providers who currently provide services to one 1915(c) waiver population have to provide services to all populations under the 1115 waiver integration?**

   No, but this will provide an opportunity for them to expand their services to the other populations if they choose.

2. **Will current providers only work with populations they currently serve?**

   They can, but there will be opportunities for providers to expand services. There will be qualifications to provide each service and those will need to be met.

3. **Are the current IDD providers required to change who they serve?**

   No. Providers can choose to only service certain populations or provide specific services.

4. **What support can providers expect from the state in providing new services?**

Services will be defined along with the qualifications needed. We'd like to hear from you about the support you need.

5. **Will FMS providers be able to specialize and choose which populations they work with?**

   Yes, they will be able to specialize and choose which populations they want to work with. They may choose additional populations to work with under waiver integration.

6. **What input from providers has been sought in the creation of the amendment?**

   This is the beginning of stakeholder engagement process. Kansas wants to solicit your feedback through public information sessions, the stakeholder workgroup, the comment period after the amendment is posted and the CMS comment period after the final draft has been posted.

7. **What can we, as providers, do to help?**

   Provide feedback, suggestions, and share your experiences as a provider regarding of how your client would have benefited if a particular service had been available, and share other specific experiences or case examples.

8. **What is the benefit of this change that providers should be looking forward to?**

   The big benefit for providers is that currently providers have been forced to specialize and serve only one population. This would allow them to expand services to other populations and expand their businesses.

B. Capacity Concerns

1. **Under the integrated waiver, who is going to provide all the services?**

   Current providers will continue to provide the services they now offer and there will be opportunities for them to offer those services to additional populations and/or to offer new services.

1. **Could you discuss how you monitor capacity building with the MCOs?**

   KDADS meets with them every other week and talks to them to address technical issues and discuss when their network adequacy report doesn't match up with consumer reports of the need access to providers. MCOs are looking for creative capacity solutions but the silos are inhibiting their ability to effectively create and build supports.

2. **How will you address issues in communities that do not have enough supports?**

If they don't have enough of certain provider types for supports, we'll be looking at ways to address that through the technical assistance workgroup, which will identify how to address this issue.

3. **Provider networks for several current services are lacking; how will you ensure enough provider coverage?**

   Expansion of services across populations will help keep providers who provide limited services to stay in business by increasing their capacity to serve additional consumers. Continuing to collaborate with providers and the MCOs through stakeholder workgroups will help us ensure maximum capacity potential. We want your feedback on this matter.

4. **Who is responsible for contracting with individuals to provide the services? We are a rural/frontier community and it can be hard to find providers.**

   MCOs contract with providers and work to build capacity in rural and frontier communities through creative collaboration. Siloed service packages make it difficult to build capacity. If certain services can be provided to more populations, that could create the necessary demand that builds capacity.

6. **As a parent/guardian my problem is finding providers. How are you finding providers and making it work for the transition to adult services?**

   Kansas will address this technical detail with the stakeholder workgroup and review internally prior to implementation. While Kansas does not have answers to all of the specific situations, Kansas will continue to work with stakeholders, providers and the MCOs to address concerns related to access and capacity. Kansas regularly reviews provider capacity reports and consumer concerns. Breaking down the silos between waiver programs is expected to help address capacity issues, and Kasnas will continue to work with the MCOs to expand services as we look at service or provider capacity.

5. **Physicians are telling us there is so much red tape that they've dropped being a provider. They're saying its cost prohibitive for them to take on staff to do the paperwork.**

   We look at network adequacy monthly. KDHE tries to ensure that beneficiaries have access to the services they need.

6. **We see issues with agencies and geographic boundaries. For example when there's a CHMC and CDDO, and the client is caught in the middle.**

   Kansas is reviewing the current systems in the state that service the aging and disabled populations who need home and community based services. The system built 20-30 years ago, and it is what individuals needed at the time. The MCOs are working to address issues with capacity in those areas. Kansas will address this technical detail with the stakeholder workgroup and review internally prior to implementation.

C. Licensing/Training/Qualifications

1. **How might some service qualifications change?**

   An example of this is that current providers might begin serving additional populations. We would need to review that to see if they might be able to work with more than one population or standardize qualifications so that providers are able to work with more than one population.

2. **If providers offer a variety of services, what qualifications and licensing needs will change?**

   Kansas is proposing provider standards that will be posted with services when the 1115 amendment is posted after September 30th. Kansas is seeking input and public comment on the proposed changes to provider qualifications.

3. **What would licensing look like for providers who would be providing integrated waiver services?**

   Kansas is proposing provider standards that will be posted with services when the 1115 amendment is posted after September 30th. Kansas is seeking input and public comment on the proposed changes to provider qualifications.

4. **How are you going to respond to Article 63 and Article 64? (Specific to CDDOs)**

   Kansas is completing a comprehensive review of statutory and regulatory authority and will be updating all of the policies and regulations as part of the review of licensing and regulations. Kansas will address this technical detail with stakeholders related to compliance with the HCBS Final Rule, waiver integration and other federal requirements.

5. **How will this affect current license processing for providers that serve consumers with Intellectual or Developmental Disabilities?**

   Waiver integration is not expected to change the current process for licensing providers, however, review of statutory and regulatory authority in compliance with federal rules may result in changes that impact the process for licensing providers. Kansas will address this technical detail with stakeholders related to compliance with the HCBS Final Rule, waiver integration and other federal requirements.

6. **Will provider credentialing be the same?**

   Provider credentialing is the process in which a qualified provider becomes credentialed and contracted with the MCO to provide services. This process is not expected to change with waiver integration, but the provider qualifications for some services may be different and providers would need to be sure they are qualified to provide a new, revised or expanded service.

7. **Regarding provider credentialing, will they stay the same, change, or will they have**

to provide services for all waivers?

If you're currently providing certain services to certain populations you can continue. You will have the opportunity to expand services to other populations. You might have to meet additional qualifications to provide those new services.

8. **How will training be certified for providers?**

   Kansas will continue to develop and monitor provider certification and credentialing. Kansas will address this technical detail with stakeholders and internally prior to implementation. Kansas is seeking input and public comment on the best way to implement any changes to this process.

Budget/Financial

A. Budget/Cost Neutrality

1. **It appears you are offering many more services, but if your budget is already strapped, where will the funds come from or what are you cutting out?**

   Consumers will not necessarily get more services. They may choose some different, more flexible services that cost less or reduce the need for more costly services.

2. **Can you give some examples of a lower cost service one might want to substitute for a higher cost service?**

   a. An individual may have personal care services that provide an attendant who is helping set up and give the person medications, for example. In some cases, having a service that allows the use of echnology would better meet the needs and goals of the person.
   b. An individual may have supported employment added to their services in place of Day services or personal care services, which would help the person become more independent and need fewer supports over time.
   c. An individual may choose to move from traditional residential and group living arrangements to different services that provided supported and shared living that would allow someone to live more independently.

3. **Is there additional funding to expand services?**

   There is no anticipated additional funding. Spending authority rests with the Legislature.

4. **If there is no money for HCBS services rate increases, where will the money come from for this?**

   Kansas anticipates savings in moving to waiver integration. There may be selection of lower-cost services over higher-cost services. Also, their acute care costs will be lower.

5. **Will numbers used to calculate cost savings projection be made available to the public?**

   Kansas does not have cost savings projections. That is not why the State is proposing waiver integration. However, Kansas believes there will be cost savings. For 10 years prior to 2013, Medicaid costs increased annually at a rate of more than 7 percent. After KanCare costs only increased at a rate of 5.2 percent per year. That 1.8 percent decrease is significant in a multi-billion dollar Medicaid system. Kansas is looking to utilize those savings to reinvest in HCBS programs and reducing waiting lists for services.

   The formal 1115 amendment will include budget neutrality calculations and be posted.

6. **When will we be provided specific cost information?**

   Kansas is working with the actuary to develop specific costs and reimbursement rates. There is, for example, one service offered on 5 different 1915(c) waivers. The actuary must find an appropriate blended rate based on the utilization rate across all the populations and waivers. This will need to be done for all services and will take some time.

B. Funding Source

7. **Will the funding be any different? How are the new offerings being funded?**

   No. Services will be funded the same way they are now. There will be one Medicaid budget with federal dollars matching the state funds for HCBS waivers.

8. **Funding from the federal government– will it still come in these same programs?**

   Under the current system, the federal dollars won't change much. Currently the federal match is based on population served, which we report to the government, and that will be the same.

9. **What impact will the block granting of those funds on the federal level have on the waiver integration process?**

   HCBS waivers are not a block grant. The federal and state money used to fund the seven 1915(c) waivers would be used to fund children's and adult's benefit packages. The State operates a single Medicaid budget, which consists of both federal and state dollars. However, currently each waiver has an allocated budget amount, which creates limits on the number of individuals served for a specific waiver population.

10. **Will we lose any federal funding if waiver integration is not approved?**

    No.

11. How can folks get new services without increasing costs?

We expect savings from some service substitutions to offset new costs. People will use less costly but more flexible services instead of more costly services. We will direct savings to the waiting list.

12. How can we reduce waiting lists and still provide long-term (ex. aging population) supports?

Actuaries help us project into the future. We will use them to determine/project how many we can afford to serve. This is the current process and it will continue.

13. Will waiver integration require cost neutrality and how will it be accomplished?

Budget neutrality is required for our 1115 waiver demonstration. Some people will see increases, others will not. When we look at things in terms of KanCare overall, we focus on two things: health and care. We've been previously focusing on care and that means the providing of acute care services. Moving along the continuum, away from simply providing care and toward providing better health through prevention and support services, results in lower costs. Financially, the previous rate of rise was about 7.5 percent and now it's about 5.2 percent, and with the difference we want to reinvest the savings back into the program to reduce the waiting lists.

14. Will, after the transition to waiver integration, the person's new service plan be held to the same dollar amount or will it be increased or decreased?

Can be increased and decreased. The same as it can be now. The budget neutrality is the same now and will be based on their assessed need.

15. Will there be a cost cap if more services are available?

Kansas is working with actuaries to determine costs and reimbursement rates. Kansas will address this technical detail with CMS and the stakeholder workgroup prior to implementation.

16. Will individuals be held to cost neutrality or will their costs go up?

Kansas does not intend to make Integrated Service Plans cost neutral for individual's receiving waiver services. However, CMS will expect the State to make waiver integration as a whole as cost neutral as possible. Kansas will address this technical detail with CMS to ensure we are compliant with federal regulations.

17. Will two packages compete with each other for funding?

We will work with Legislature. It is not our intent for the two to compete. Appropriation and funding will happen in the legislature.

C. Compensation/Blended Rates

1. **Will all services use the same fee schedule?**

   Kansas is looking at working with actuaries and the cost by population to look for blended rates. They will look at data from the MCOs and the utilization and try to use consistent rates across the populations.

2. **Will rates be different for different care? Individual vs care 24 -7**?

   Kansas is working with actuaries to determine costs and reimbursement rates. Kansas will take this into consideration.

3. **Some similar services in the 1915(c) waivers have different rates – will it go to the lowest cost?**

   The State does not intend to drive every service rate to the lowest rate. For example, we currently have one service that spans 5 waivers. Now we're looking at a single rate for that service (not necessarily the lowest)

4. **For the TA waiver the reimbursement rate is higher than some others. What will happen to those rates?**

   Kansas is working with the actuary to develop specific costs and reimbursement rates.

5. **How will rates be blended? IDD has a tier system – will that change?**

   Kansas is working with the actuary to develop specific costs and reimbursement rates. Some 1915(c) waivers have the same services, but they are paid at different rates. All services and rates will be reviewed.

6. **Will there be the same reimbursement tier rates for providers of consumers with intellectual and developmental disabilities?**

   Kansas is working with the actuary to develop specific costs and reimbursement rates. Since there may be services that cross multiple waivers, we will work with the actuary for the appropriate rates based on the utilization rate by population and service type.

7. **IDD: will the tiered system continue?**

   Kansas is reviewing the IDD functional assessment instrument (BASIS) and completing a rate study for IDD services and supports. Actuaries will review the current system and utilization to determine if the tiered system should continue under waiver integration. Kansas is seeking input and public comment on a proposal to change the current tiered system and considered other payment or rate methodologies.

8. **Will the blending of rates consider the results of the current I/DD rate study?**

Right now we are working with the actuaries to determine rates. Many things will be included in that determination.

D. Reimbursement

G. **How will providers be reimbursed?**

Waiver integration will not change how providers are reimbursed. Providers will still need submit claims to be reimbursed by the MCO.

H. **How will TCM be paid?**

Targeted case management is not an HCBS service. It is a Medicaid State Plan Service. TCMs will continue to be paid by the MCO.

I. **Are IDD services changing from fee for service?**

Services will still be paid by the MCOs as fee for service, unless the MCO and provider agree to another method and that method is approved by KDHE.

J. **How likely are we to lose services if our tier gets changed?**

Currently, the tiers are only applicable to the rate paid to providers for two services: residential supports and day supports. The tier does not impact the rates for other IDD services. Depending on the analysis and review of the BASIS, a new assessment may better assess a person's level of care and level of function and tiers may not be necessary for determining financial reimbursement for providers.

K. **If for some reason the costs do go up, who will pick up the difference?**

As long as we are meeting the budget neutrality calculation CMS will continue to match State funds.