



INDEPENDENCE
INCLUSION
INNOVATION

October 7, 2013

TO: Senator Mary-Pilcher Cook, Chairperson, and Members
Joint Legislative Committee on Home and Community Services and KanCare Oversight

FR: Tom Laing, Executive Director
InterHab

RE: Pre-implementation issues relating to the inclusion of IDD services into KanCare

Thank you, Senator Pilcher-Cook, and members of the committee.

We appreciate the chance to offer comments today to the Committee regarding our work with the State and the Managed Care insurance organizations (MCOs) to move forward with the implementation of KanCare for community I/DD services and supports.

1. Introduction

Let me first commend the State agency and Community leaders who are working to prepare for the implementation of KanCare. This is a difficult task that the Administration has proposed, and to which the Legislature has assented. Irrespective of the strong opposition we voiced against the carve-in of I/DD services into KanCare, our efforts have shifted (even though our concerns have not lessened), into a strenuous effort to make the process work. This could be called "constructively vigilant collaboration":

"Constructive" in that we know that meeting the needs of persons served is best done when we work together; and, "Vigilant" in that we will be observing and reporting on whether KanCare promises are kept, and we will continue to advocate for ethical, efficient and person-centered administration on the part of the State's new Medicaid managers, the MCOs. Our first such recommendation is that this committee request additional time from the legislative coordinating council in the coming year to perform a more regular and thorough oversight process. The current schedule does not allow for any reasonably thorough legislative oversight.

Robert G. (Bob) Bethell Joint
Committee on Home and Community
Based Services and KanCare Oversight
Date: 10-07-2013
Attachment: 23

2. Identification of major tasks/decisions yet to be made.

It is not an exaggeration to tell you that literally thousands of hours have been invested already by community leadership, in meetings with the State and MCOs.

Working relationships are being formed, and there appears a desire on the part of all parties to seriously consider issues our members have identified, and learn more about the person-centered approach to service delivery for which Kansas has for so long been a leader.

The work of the community IDD network is very new to the Administration and the MCO insurers, so the learning curve is steep.

One set of challenges we jointly face is the reconfiguration of the current administrative model into the new KanCare administrative model.

Earlier legislatures intentionally assigned precise roles to the State and to the Community in the development of a community service network, which has matured and worked well. The new paradigm which places three separate MCOs as distinct and separate management entities between the State and the Community has confused the picture.

Multiple areas of responsibility are in the process of being sorted out.

The Administration declared that the Developmental Disability Reform Act would not be compromised. This was one of the most important statements was made to families and organizations to ensure the long term stability of the system. However, that declaration also poses a challenge to State agencies, i.e. determining exactly what will be the role of MCOs in a system in which CDDOs retain the management functions assigned by statute and regulation.

The document I have shared with the committee lists the many decisions still to be made as a result of these parallel networks (MCOs and CDDOs), along with recommendations on each decision. I will highlight just a few, to illustrate how KanCare constitutes much more work than meets the eye. The calendar is a challenge in itself because so many changes are being made in a very short period of time, too short to consistently understand the work at hand.

Notable among the lists on these 50 pages, are the following critical responsibilities which must be resolved before January 1, responsibilities we believe properly should remain with the existing community management network, which reflects the Governor's preference to leave the DD Reform Act intact, but the questions remain as to how the following basic administrative activities will be undertaken:

- Plans of Care—which must be completed and updated at least annually for the 8500 persons served on the IDD waiver. Absent a plan of care, a person cannot be approved for services. Many plans need are updated more frequently than annually. Any time there is a change in provider, units of service, etc. a new plan of care needs to be submitted. Absent a plan of care, there are no approved services for the individual and no way in which to reimburse the provider.

- Crisis service review (for persons whose lives have taken a hard turn and who need services immediately, to assure their health and safety) – Obviously this is not a process to be put off until later, considering how quickly a family’s circumstances can change and make each day an unstable and unhealthy episode for their family member.
- Exception service reviews (persons who receive services, such as children in the custody of the state, those leaving foster care, those at risk of coming into state custody) – These include some of the most disadvantaged children in our State who may have been placed in multiple foster care settings, and who upon graduation do not have a family or a home community to whom they can return for natural supports.
- Extraordinary funding review – this involves some of the hardest to serve and some of the most challenged persons (due either to health concerns or behavioral concerns) in need of service in our system. The timely processing of such requests is vital, to assure that a person’s life does not spiral into disarray and that the services in place are appropriate to the gravity of their needs.
- Gatekeeping – i.e., the function which ensures that those who move to more restrictive settings, such as an institution, are aware of and have explored community options. It is a safeguard to ensure people are not unnecessarily placed in more restrictive settings.
- Waiting list management – the maintenance of information for persons awaiting services, currently done by the State but has been discussed as a new responsibility for the MCOs. (Our main concern currently is about FY 14 waiting list management. We are concerned that we don’t have all of the names of individuals who should have been allocated funding. This issue is central to ensuring that the legislature intentions are actually carried out.)

These are among the many questions which remain unanswered, just three months before carve-in occurs. Such issues require system knowledge, expertise and familiarity with the persons who seek service, local service providers and other available community resources. It is unclear whether there is enough time for the MCOs and the Administration to become sufficiently familiar with these tasks so as to make informed decisions.

3. State is modifying timelines as needed:

The State is to be recognized for its self-awareness of the combined pressure of tackling too many tasks in too little time. We appreciate their willingness to reschedule certain steps to allow for significant questions to be resolved. We appreciate their efforts, for example, to delay the Health Home portion of KanCare so as to solve issues which arose which, unaddressed, would have breached the commitment that persons served would not be arbitrarily severed from their current targeted case manager relationships.

4. Oversight needs to assure that the math adds up:

We ask the Committee also to review two fiscal items:

- a. The fiscal impact of KanCare has been based on health care cost projections which we believe are erroneous because they are based on old data. The growth in health care costs in recent years is lower than the estimates upon which KanCare is based. We would urge the Committee to direct those numbers to be updated. We do not want to see a move to meet the original "savings" targets if those targets are, as we believe, overly ambitious due to faulty estimates. Extreme efforts to meet flawed performance targets would result in extreme actions which would likely impact on persons served and providers of service.
- b. Based upon projected KanCare savings for 2014 and 2015, the Administration secured legislative approval of \$9.2 million in waiting list funding for each of the two years, but that will not result in \$9.2 million in services for persons on the waiting list in this fiscal year because we just received the names of eligible beneficiaries in the last two weeks. Such a slow start means families will wait longer than should have been the case, and more than one quarter of the FY 2014 appropriation amount will not be utilized. We will ask this committee to work with us and the Administration to consider how to preserve those resources for IDD services.

5. Highlighting the proviso commitments:

A final recommendation would be that your upcoming oversight efforts, as regards the IDD carve-in, include a periodic review of the provisions of the Legislature's 2013 appropriations proviso signed by the Governor which memorializes various commitments made by the Administration, along with the additional commitments of the Legislature as it reviewed the Administration's KanCare plans.

Key among those provisions are promises of stability for persons served – by assuring that persons served will not be forced to give up either their service providers or case managers.

It will be an important role for legislators to play to monitor the concerns that may arise should those and other provisions be abridged. We sincerely hope for, and look forward to, an active and serious legislative oversight process as implementation of the KanCare IDD-carve in begins.

Thank you for your interest and your thoughtful consideration of our testimony.

CDDO Workgroup

**KanCare Implementation
Recommendations**

9-5-13

The following recommendations were created by the CDDO workgroup created in the SFY14 CDDO-KDADS contract.

The CDDOs will collaboratively formulate recommendations for consideration by KDADS to address implementation regarding changes in CDDO system operations and management procedures. CDDOs and KDADS will use publically and/or readily unless otherwise prohibited by law, available information including KanCare implementation data to determine areas requiring attention and work jointly, when possible, to develop solutions. This work shall build upon the foundation of the established CDDO system leadership and its stewardship role of the I/DD Long Term services and Supports system integrating into the KanCare model on January 1, 2014. These recommendations may include but are not specifically limited to the CDDO functions anticipated to be affected by the MCO model, interface roles, potential issues (MCO/KDADS.CDDOs and CSPs) and system oversight and quality assurance.

CDDOs and KDADS will identify a primary contact person for information exchange.

CDDOs identified five key areas to focus recommendations from. A key principle was for each of the group's to scrutinize the rationale for the recommendations and provide the detail in the attached document, with exception of Service Delivery as noted below. The five workgroups and the group leaders were:

- Financial Management Sherry Arbuckle, Sedgwick County Developmental Disability Organization (SCDDO)
- Network Management Ramona Macek, Shawnee County CDDO and Dee Staudt, SCDDO
- Quality Assurance Carri McMahon, Reno County CDDO
- Service Access Cindy Wichman, Big Lakes Developmental Center
- Service Delivery Kathy Brennon, Tri-Valley Developmental Services

The overarching theme for each of the groups ultimately was, "All roads lead back to the Developmental Disabilities Reform Act." Each of the recommendations assumes agreement between all parties but in situations where there is a disagreement it is strongly recommended a defined dispute resolution process be established.

While all 27 CDDOs were invited to participate in the development of the recommendations, it is important to note the Service Delivery group represented a small cross-section of agencies involved in service delivery. It was determined that in fairness to the Community Service Provider (CSP) network across the state these recommendations not be included in the following document. The CDDO group strongly recommends a process that mirrors the work of the CDDOs, with KDADS engaging CSPs of various sizes to provide recommendations to KDADS and MCOs for the KanCare transition.

Thank you for the consideration and we welcome the opportunity to speak in greater detail with both KDADS and representatives from each of the Managed Care Organizations.

FINANCIAL MANAGEMENT

Financial Management

Category	Recommendation	Rationale	Applicable Statute and/or Regulation	Attachments
<p>CDDO Fiscal/Allocation Management</p>	<p>The Financial Management Workgroup recommends Community Developmental Disability Organizations continue to manage all appropriated state I/DD resources and be financed to administer these funds.</p>	<p>K.S.A 39-1804(e), states, subject to the provisions of this act and appropriation acts, the Secretary shall administer and disburse funds to each Community Developmental Disability Organization for the coordination and provision of community services.</p>	<p>K.S.A 39-1804(e)</p>	<p>none</p>
<p>Coordinate & manage all state fiscal resources in the I/DD system.</p>	<p>CDDOs will maintain their current responsibilities to coordinate and manage state fiscal resources in the I/DD system. The Statewide Funding Committee (SFC) will continue expenditure and allocation monitoring. CDDOs recommend three non-voting seats be made available on the SFC to allow for direct input from MCOs.</p>	<p>State law and regulation supports the recommendation of continued management of fiscal resources. It is imperative to include the MCO, as the payer of HCBS/MR Waiver funds, into the CDDO management system to ensure timely and accurate access to these resources. Individuals/guardians rely on the established processes to manage the fiscal aspect for services and supports</p>	<p>K.A.R. 30-64-33 K.A.R. 39-1804(e)</p>	<p>Flowcharts (3) - Crisis/ Exception Determinations - Initial Extraordinary Funding - Renewal of Extraordinary Funding</p>

Financial Management

Category	Recommendation	Rationale	Applicable Statute and/or Regulation	Attachments
<p>Coordinate & manage all state fiscal resources in the IDD system. (continued)</p>	<p>Current CDDO processes will continue in areas of resource management with identified contact points with the MCOs. Management processes include, but are not limited to:</p> <ul style="list-style-type: none"> i. Waiver Allocation ii. Statewide Service Access List iii. State Aid iv. CDDO Administration v. Local Funding Committee - level of care determination and access approval vi. Crisis vii. Exceptions viii. Needs Assessments ix. Extraordinary Funding 	<p>they need. CDDOs have a long history and knowledge of each piece of the IDD system and fiscal resources available.</p>		

23-9

Financial Management

Category	Recommendation	Rationale	Applicable Statute and/or Regulation	Attachments
<p>Authorizes payment to service providers</p>	<p>The CDDO will continue to review the HCBS I/DD Plans of Care and continue to enter into the prior authorization system for review and approval by KDADS to assure payment for services as outlined in K.S.A. 39-1804(2e) and K.S.A. 39-1806(c4).</p> <p>CDDOs will continue to maintain copies of the Plans of Care as outlined in K.A.R. 30-64-22(b2)</p> <p>CDDOs will follow current policies and procedures in the areas of:</p> <p>a. HCBS Plan of Care / Prior Authorization</p> <p>b. Needs Assessment</p>	<p>CDDOs have established processes to ensure timely and accurate payment for individuals/guardians and providers.</p> <p>CDDOs have demonstrated they can ensure Plans of Care and Prior Authorizations are developed and entered timely.</p> <p>CDDOs have established processes to review Plans of care for accuracy and service revisions for cost neutrality prior to entry.</p> <p>Intertwining the CDDO and MCO through communications will ensure that funding processes, meet regulations and are consistent across the I/DD population.</p>	<p>K.S.A. 39-1804(2e) K.S.A. 39-1806(c4) K.A.R. 30-64-22(b2)</p>	<p>Flowchart: - POC/Prior Authorization</p>

23-10

Financial Management

Category	Recommendation	Rationale	Applicable Statute and/or Regulation	Attachments
<p>Ensures funding eligibility and compliance</p>	<p>c. Extraordinary Funding d. Statewide Service Access List (State Aid & HCBS/MR Waiver)</p>	<p>Funding eligibility determinations/assessments completed by the CDDO will ensure neutral and consistent information on individuals regardless of the MCO in which they are enrolled.</p>	<p>K.A.R. 30-64-22, K.A.R. 30-64-27(1)</p>	<p>none</p>
<p>Maintains continuity of services and the transfer of funds.</p>	<p>CDDO will continue processes for continuity of services and the transfer/portability of funds between CDDO areas and service providers by managing port/case transfers, service provider changes and institutional transitions. Points of communication with MCOs are identified in the attached flowchart.</p>	<p>Individuals, families & guardians rely on the CDDO to ensure smooth transitions throughout the process of changing areas, providers and services. The CDDO is integral in coordinating the funding changes in these situations.</p>	<p>K.A.R. 30-64-28</p>	<p>none</p>

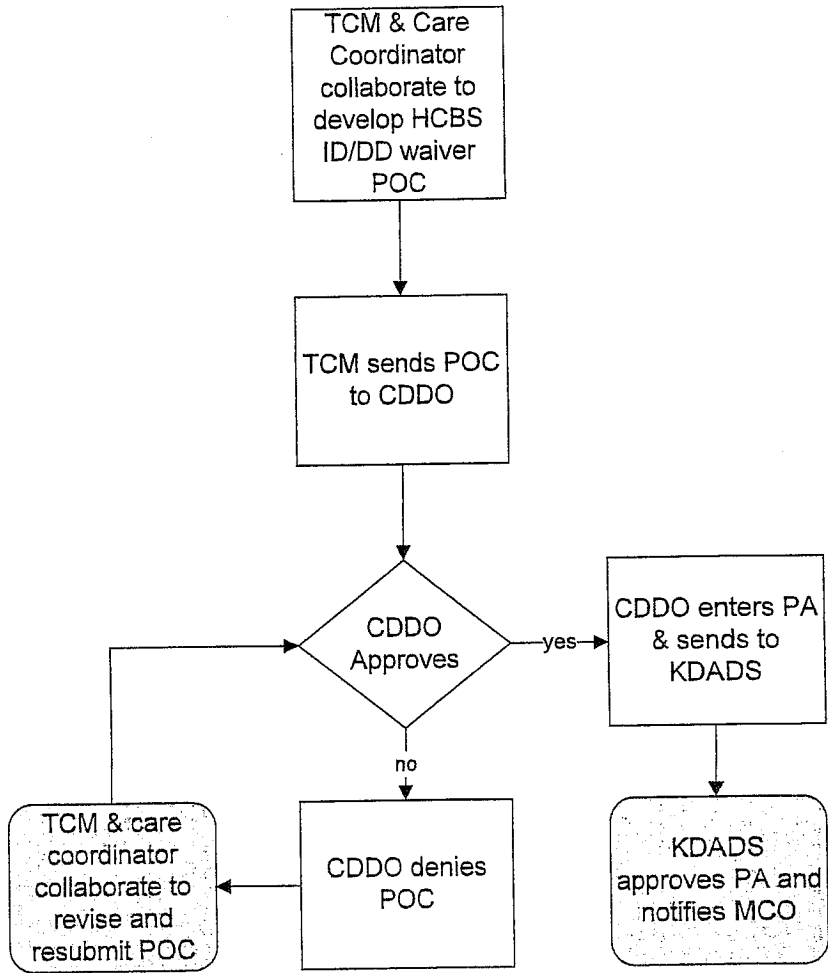
Financial Management

23-12

Workgroup Participants:

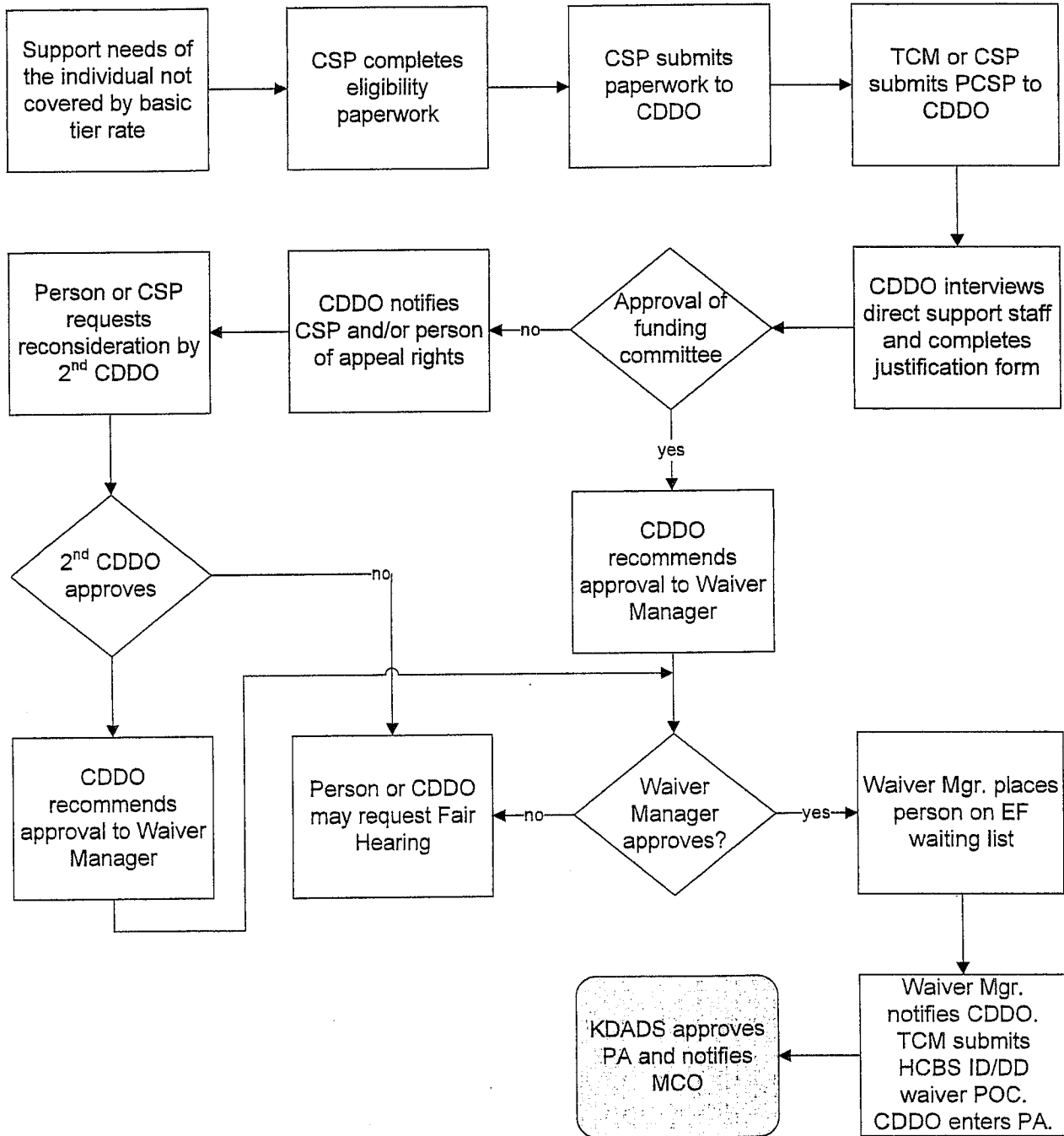
- | | |
|--|--|
| Lead: Sherry Arbuckle, Sedgewick County CDDO | Dena Donley, DPOK CDDO |
| Angela Drake, Cottonwood CDDO | Brandy Hatheway, Tri-Ko CDDO |
| Janet Pfannenstiel, DSNWK CDDO | Kay Fasching, Wyandotte County CDDO |
| Carolyn Cobb, Wyandotte County CDDO | Rae Lynn Baker, Cowley County CDDO |
| Nicole Hall, Butler County CDDO | Bill Fiscus, Tri-Valley CDDO |
| Cindy Wichman, Big Lakes CDDO | Elizabeth Schmidt, Harvey-Marion County CDDO |
| Karen Edwards, DSNWK CDDO | Mary Rose Sudbeck, Nemaha County CDDO |
| Peggy Shear-Martin, Johnson County CDDO | Susan Overdick, Brown County CDDO |

POC/PA Process



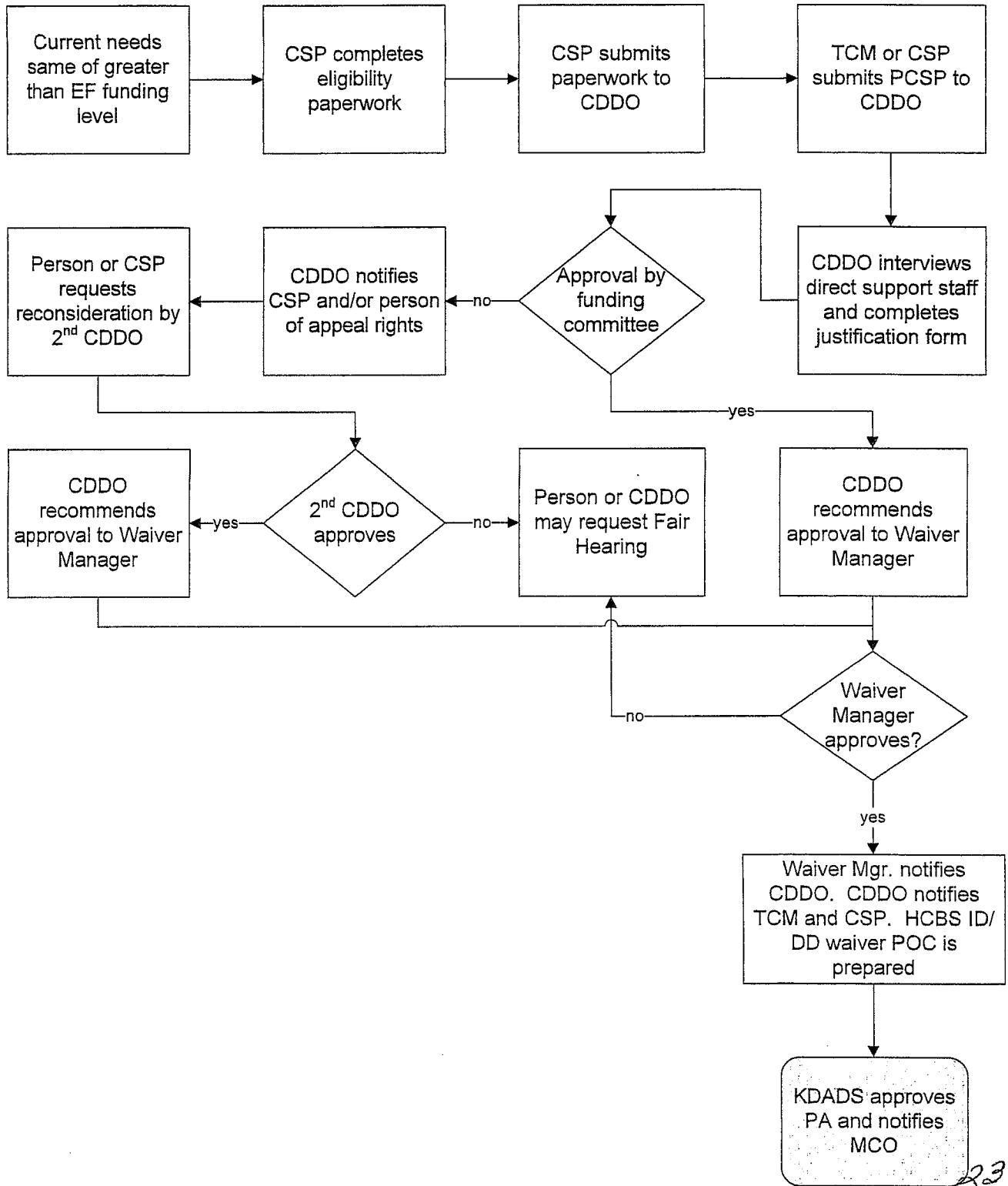
Initial Extraordinary Funding (EF) Request

Source: KDADS/DD Pilot Group (2013)



Renewal of Extraordinary Funding (EF) Request

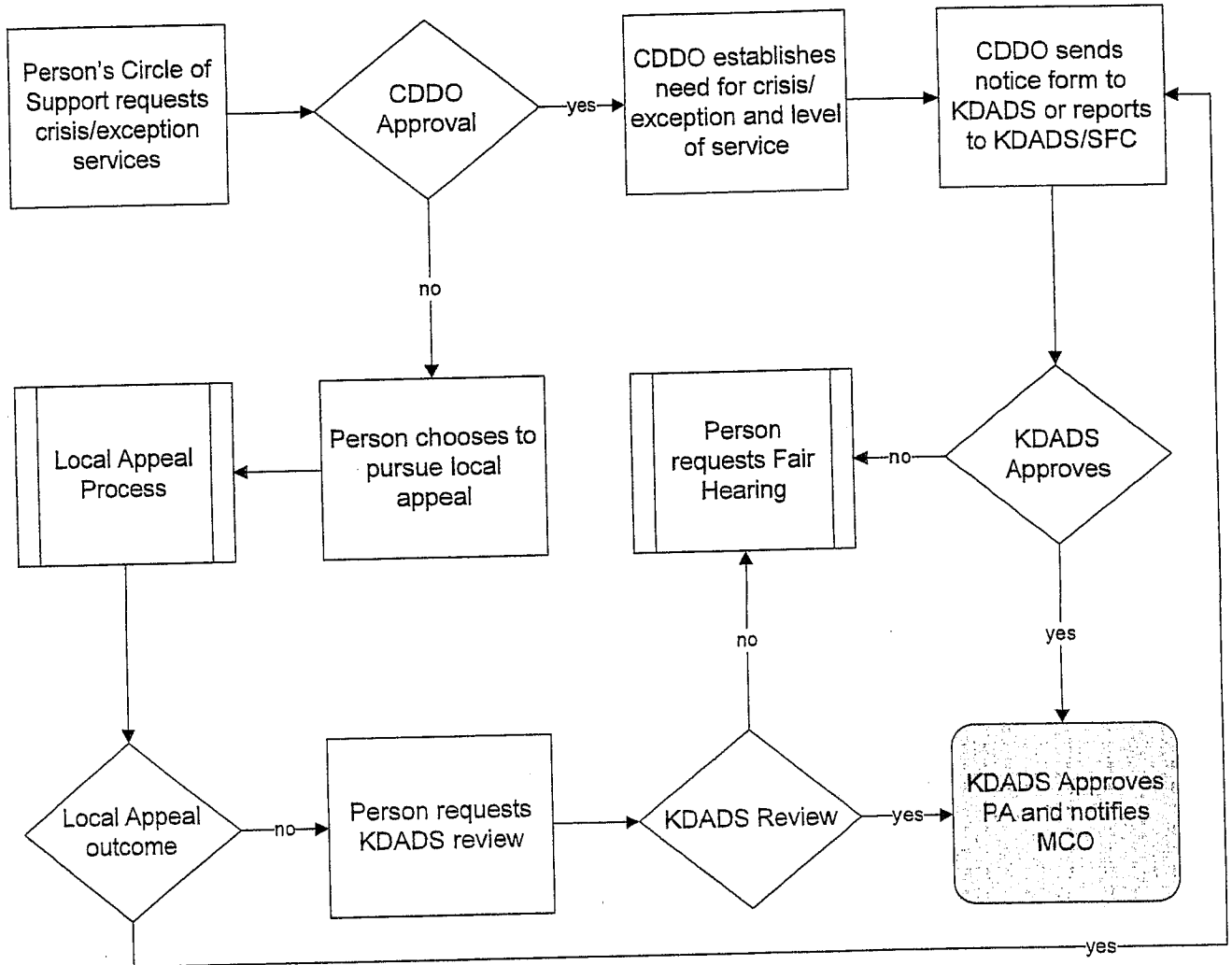
Source: KDADS/DD Pilot Group (2013)



23-15

Recommended Crisis/Exceptions Determinations

Source: KDADS/DD Pilot Group (2013)



Circle of Support

May include: CM, MCO, family, guardian, etc.

NETWORK MANAGEMENT

Network Management
 Kansas Statutes Annotated (K.S.A.); Kansas Administrative Regulations (K.A.R.)

Category	Recommendation	Rationale	Applicable Statute and/or Regulation	Attachments
<p>Affiliation Agreements with I/DD community service providers</p>	<p>Based upon the CDDOs defined role in the affiliation agreement process with community service providers, it is our recommendation that the relationship between CDDOs, and MCOs be clarified to include:</p> <ul style="list-style-type: none"> • MCOs and CDDOs to identify key contact people for this process. • CDDOs will notify the MCOs when the affiliate agreement process is completed. • MCOs will notify the CDDOs when the contracting process is completed. • For current providers, MCOs & CDDOs will confer with the other to ensure that each provider is in good standing. • MCOs will notify any and all CDDOs involved if a community service provider shall enter or exit a CDDOs service area. 	<p>There are current statutes, regulations and policies identifying a CDDOs role and responsibilities. Each CDDO established the Council of Community members in accordance with the DDRA. The Council of Community members developed and recommended local capacity building plans to enhance service delivery to individuals receiving I/DD services and supports.</p>	<p>Developmental Disability Reform Act K.S.A. 39-1803 (b) (d), Definitions 39-1805 (a) (d) (e), Powers & Duties of CDDOs and 39-1806 (3) (5), Establishment of system of funding and quality assurance and contracting. Article 64 – Developmental Disabilities 30-64-22, (1) (2) (4) (f) Implementation of CDDOs 30-64-23, Single point of application and referral 30-64-25, Uniform Access to Services</p>	<p>Workflow chart and accompanying narrative for new and current I/DD community service provider network.</p>

Network Management
 Kansas Statutes Annotated (K.S.A.); Kansas Administrative Regulations (K.A.R.)

Category	Recommendation	Rationale	Applicable Statute and/or Regulation	Attachments
<p>Monitoring affiliation requirements for existing I/DD community service providers</p>	<p>Due to the CDDOs current responsibility to monitor affiliated providers compliance with statutes, laws, regulations and policies, it is recommended MCOs acknowledge when the providers affiliation is in good standing with the CDDO.</p> <p>It is recommended MCOs consider service providers in good standing with the CDDOs affiliation requirements as a part of the credentialing requirements.</p> <ul style="list-style-type: none"> • CDDOs will notify MCOs when an I/DD service provider is not in good standing with affiliation. • MCOs will notify CDDOs when an I/DD service provider is not in good standing with the MCO contract. 	<p>The CDDOs and KDADS Quality Management Specialist(s) work collaboratively to ensure regulation requirements are met during routine monitoring and follow up. CDDOs regularly monitor compliance with CDDO policies and affiliation requirements in addition to Article 63.</p>	<p><u>K.S.A. 39-1803 (b) Definitions 39-1806 (3) (b),</u> <u>Establishment of funding, quality assurance and contracting</u></p> <p><u>Article 64 – K.A.R.s 30-64-26, Quality Enhancement 30-64-27, Quality Assurance</u></p> <p><u>Article 63 – Developmental Disabilities – Licensing providers of community services</u></p>	<p>Local requirements for CDDO affiliation.</p>

23-19

Network Management
 Kansas Statutes Annotated (K.S.A.); Kansas Administrative Regulations (K.A.R.)

Category	Recommendation	Rationale	Applicable Statute and/or Regulation	Attachments
<p>De-affiliation with an I/DD community service provider</p>	<p>Based upon the CDDOs defined role in the network management affiliation and quality assurance process, it is recommended:</p> <ul style="list-style-type: none"> When voluntary de-affiliation, CDDOs will notify KDADS & MCOs regarding the community service provider's decision to de-affiliate and coordinate efforts for the continuity of care for persons supported. When involuntary de-affiliation is determined by CDDOs, the CDDOs, MCOs and KDADS will work collaboratively to coordinate efforts for continuity of care for person supported. Involuntary de-affiliation occurs when quality assurance corrective measures have been exhausted. 	<p>The current process involves the CDDO staff working collaboratively with KDADS staff to follow up on concerns and issues identified through the local quality oversight process. CDDOs also are involved when abuse, neglect and exploitation concerns are reported and investigated by DCF Protective Services.</p>	<p>K.S.A. 39-1804 (1) (2) Implementation of the act; 39-1806 (3) Establishment of the system funding, quality assurance and contracting Article 63 – Developmental Disabilities Article 64 – 30-64-26. Quality enhancement 30-64-27. Quality Assurance</p>	<p>Workflow chart and accompanying narrative for De-Affiliation with an existing I/DD community service provider.</p>

23-20

Network Management
 Kansas Statutes Annotated (K.S.A.); Kansas Administrative Regulations (K.A.R.)

Category	Recommendation	Rationale	Applicable Statute and/or Regulation	Attachments
Dispute Resolution/ Appeal Process	<p>Due to the CDDOs local and well established dispute/appeal process, it is recommended the MCOs communicate with CDDOs whenever there is a dispute involving the health, safety and welfare of the person supported.</p> <ul style="list-style-type: none"> • When the CDDOs appeal process is exhausted, CDDOs will notify the MCO. • When there is a community service provider involved in the MCO's grievance process, the MCOs will notify the CDDO when it involves service delivery to the person supported involving health, safety and welfare concerns. 	<p>The dispute resolution process is a locally developed process involving participation and recommendations by the Council of Community members in each CDDO area. The dispute process allows the person, their guardian, family members and affiliated providers to formally request their concerns be addressed and reviewed by a third independent party.</p>	<p><u>K.S.A. 39-1805 (c)</u>, Council of Community members and the dispute process</p> <p><u>Article 64,</u> <u>30-64-32 (1)(2),</u> Dispute Resolution</p>	<p>General CDDO dispute resolution process for network affiliated providers.</p>

23-21

Network Management
Kansas Statutes Annotated (K.S.A.); Kansas Administrative Regulations (K.A.R.)

Workgroup Participants:

Co-Leads: Dee Staudt, Sedgwick County CDDO & Rannona Macek, Shawnee County CDDO

Kay Fasching, Wyandotte County CDDO

Nicole Hall, Butler County CDDO

Mark Hirde, Southwest Developmental Services, Inc.

Alice Lackey, Nemaha County Training Center

Jerlene Lewis, Wyandotte County CDDO

Jerry Michaud, Developmental Services of Northwest Kansas, Inc.

Sheila Nelson-Stout, Disability Planning Organization of Kansas, Inc.

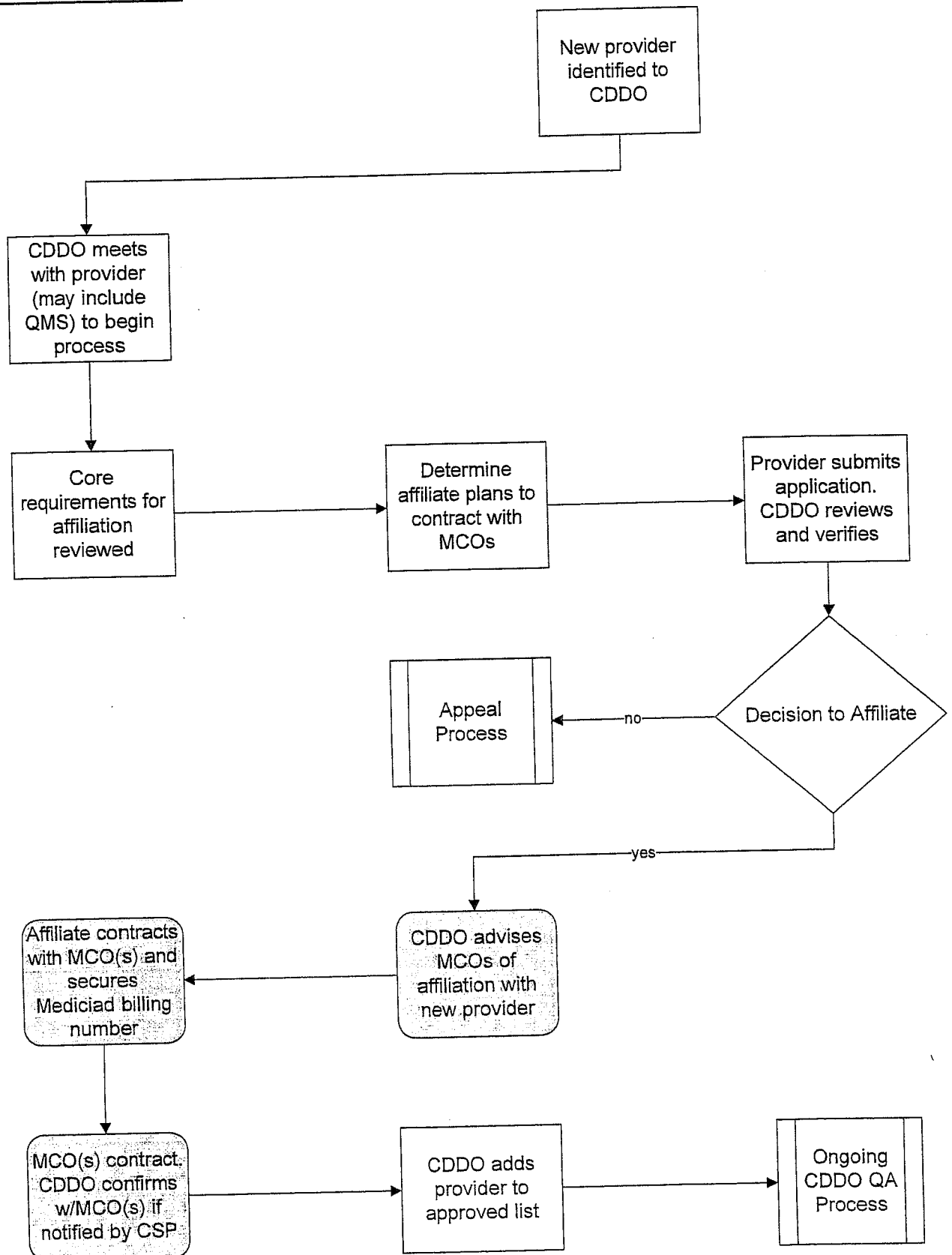
Cindy Wichman, Big Lakes Developmental Center, Inc.

23-22

General CDDO Dispute Resolution Process for Network Affiliate Providers
(These are general guidelines. Each CDDO may have additional steps in their process).

1. CSP internal grievance policy exhausted
2. CDDO dispute resolution policy engaged
3. Professional mediation (option offered)
4. CDDO Governing Board or designated dispute resolution committee makes final decision
5. Appeal to KDADS HCBS Waiver Commissioner
6. KDADS decision may be further appealed through the Office of Administrative Appeals within the Kansas Department of Administration for final review and determination

New Provider Affiliation



Current Provider Network

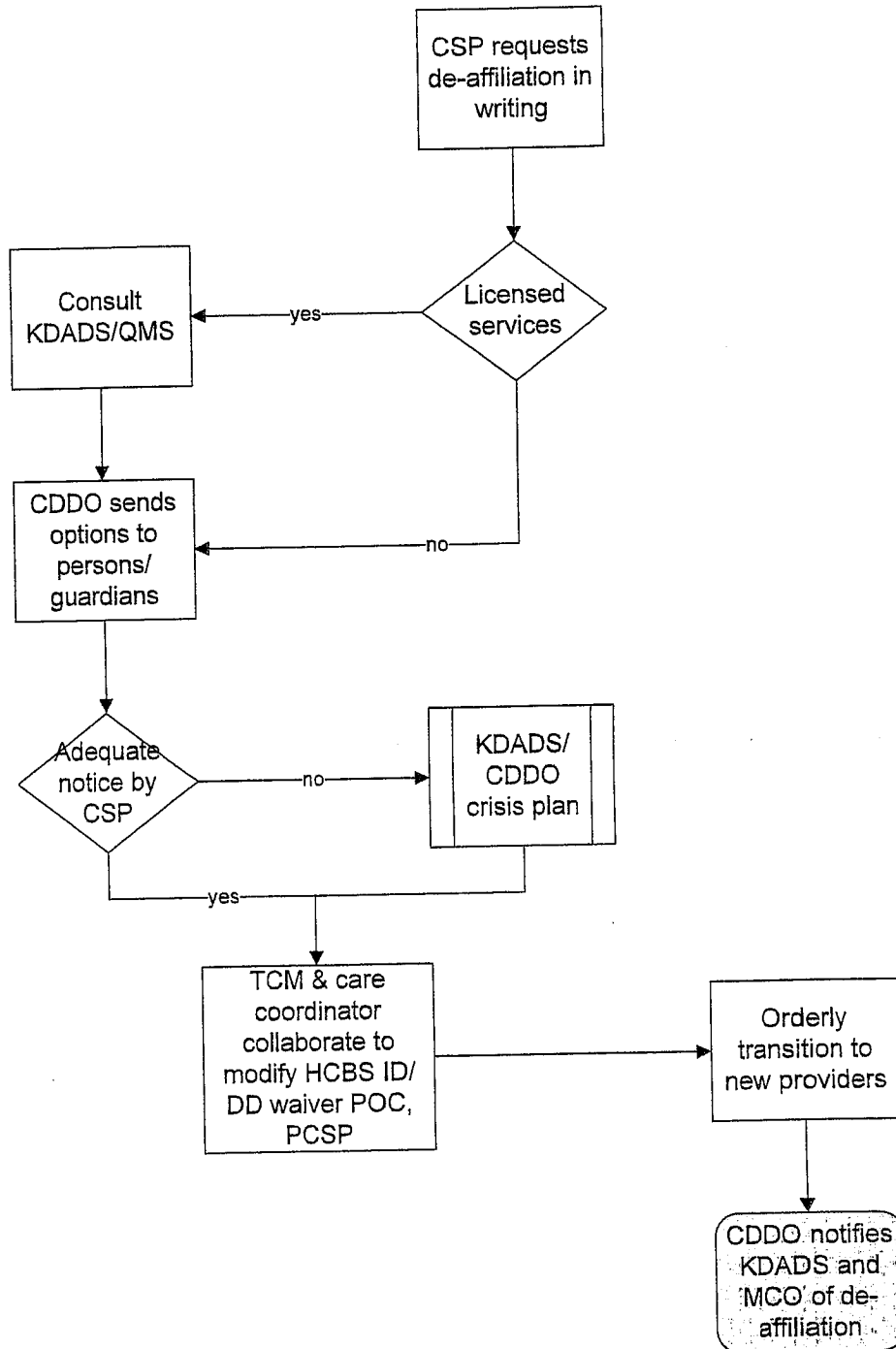
- CDDO advises MCO(s) provider is eligible to contract
- CDDO is advised by MCO when contracts are completed
- Ongoing QA monitoring by CDDO

Core Affiliation Requirements

May include but not limited to:

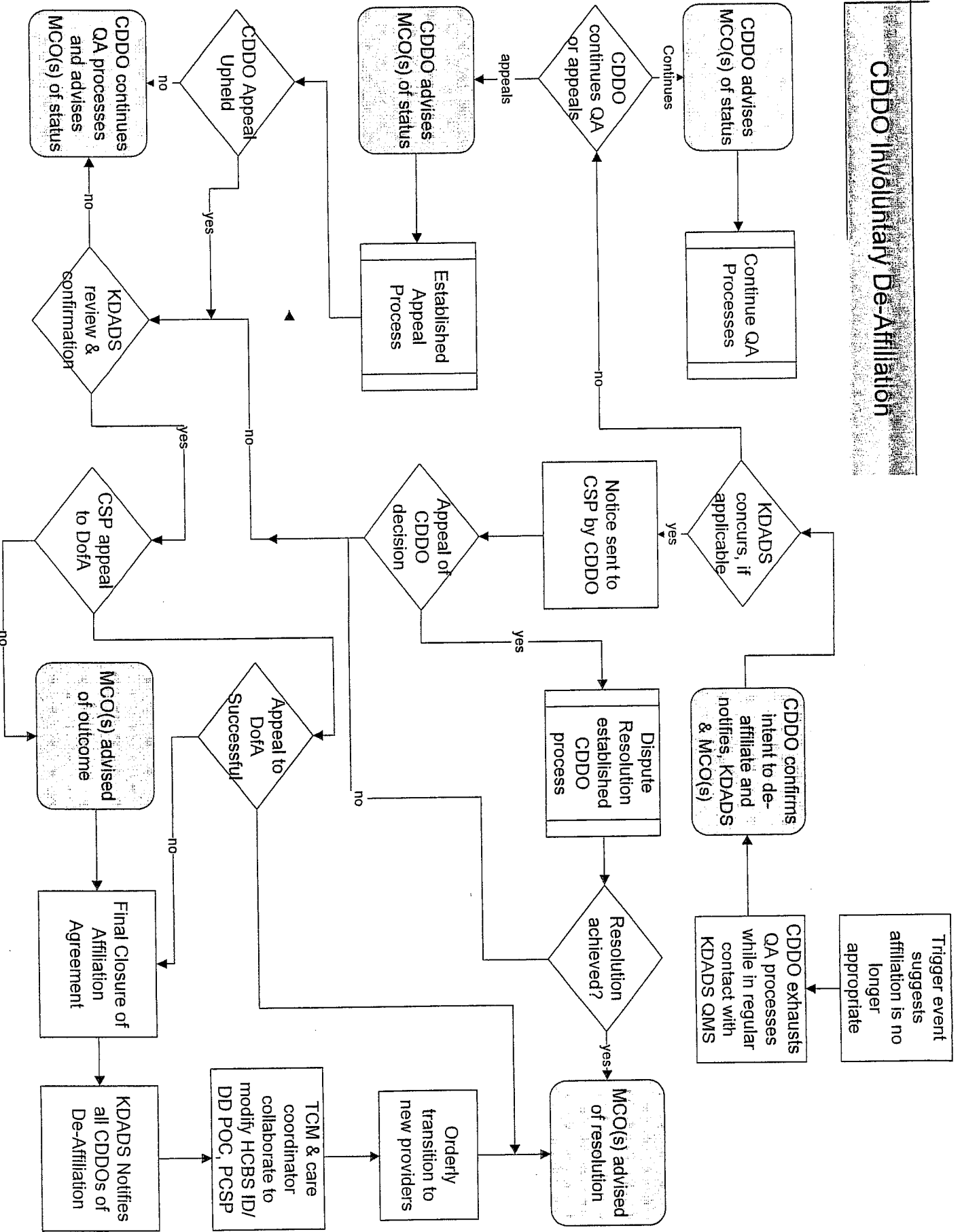
- KDHE License
- FMS Agreement
- Secretary of State
- Business plan
- Reference letters (3)
- Certificate of Insurance
- Plan for audit, if applicable
- Policies in addition to KDADS requirements
- Plan for satisfaction survey
- Background checks, etc.

CDDO Voluntary De-affiliation



23-26

CDDO Involuntary De-Affiliation



Trigger event suggests affiliation is no longer appropriate

CDDO confirms intent to de-affiliate and notifies KDADS & MCO(s)

CDDO exhausts QA processes while in regular contact with KDADS QMS

Notice sent to CSP by CDDO

Dispute Resolution established CDDO process

Resolution achieved?

MCO(s) advised of resolution

Orderly transition to new providers

TCM & care coordinator collaborate to modify HCBS ID/DD POC, PCSP

Final Closure of Affiliation Agreement

KDADS Notifies all CDDOs of De-Affiliation

CDDO continues QA processes and advises MCO(s) of status

KDADS review & confirmation

CSP appeal to DoFA

MCO(s) advised of outcome

CDDO advises MCO(s) of status

Established Appeal Process

Appeal of CDDO decision

Appeal to DoFA Successful

CDDO advises MCO(s) of status

Continue QA Processes

Triggering Events

- QA Concerns
- Change in license status or loss of contract with MCO
- An event brought to light by:
 - CDDO staff
 - KDADS QMS staff
 - DCF APS/CPS
 - MCO staff
 - parents/guardians
 - community partners
 - persons served

QUALITY ASSURANCE

23-29

Quality Assurance

Category	Recommendation	Rationale	Applicable Statute and/or Regulation	Attachments
Critical Incident Reporting & Adverse Incident Reporting	If the information being collected and reported by the Statewide Quality Oversight Committee (SQOC) will change, it is recommended the SQOC have input and be a part of the decision making process on the suggested changes.	There may be information KDADS or MCCOs request that is not available. The members of the SQOC may be able to suggest other data collection options or different collection methods which will provide similar information and is easier to gather.	K.A.R. 30-64-26 K.A.R. 30-64-27	Workflow(1) 1. Critical Incident Reporting (Current)
	It is recommended any Adverse Incident Reports (AIR) submitted to KDADS/MCCOs for individuals receiving I/DD services, including TCM services, and follow up action documented in the AIR be accessible to the CDDO where the person is being served.	Currently, the Service Providers are reporting Critical Incidents to their assigned KDADS QMS Staff and their CDDO. If the CDDOs do not have access to the AIR database, this will require the service providers to submit duplicate documentation of the incident to the CDDO, creating more work for the services providers and increasing the chance the CDDO will not be informed.	K.A.R. 30-64-27 (a) (5) (A) & (B) K.S.A. 39-1806(b)	

23-30

Quality Assurance

Category	Recommendation	Rationale	Applicable Statute and/or Regulation	Attachments
<p>Critical Incident Reporting & Adverse Incident Reporting (Cont.)</p>	<p>It is recommended the CDDO and service provider staff is provided training by KDADS and/or the MCOs, whichever is applicable, on entering adverse incidents into the KDADS/MCO AIR database. It is recommended that CDDO staff receive additional training by</p>	<p>The CDDO is responsible for ensuring the quality of the services being provided to persons served by the CDDO or by an affiliate. The CDDO is also responsible to ensure the CDDO or affiliate is reporting any suspicions of abuse, neglect or exploitation to DCF and has corrected or is actively in the process of correcting the cause of any confirmed violations.</p> <p>The CDDO and service provider staff will need to know how to report adverse incidents into the KDADS/MCO AIR database. The CDDO staff will need to know how to access the database to view the adverse incidents reported by service providers and the follow up information on the</p>		

23-31

Quality Assurance

Category	Recommendation	Rationale	Applicable Statute and/or Regulation	Attachments
<p>Critical Incident Reporting & Adverse Incident Reporting (Cont.)</p>	<p>KDADS and/or the MCOs, whichever is applicable, on accessing the KDADS/MCO AIR database to obtain information on the previously reported adverse incidents. It is also recommended these trainings be completed no later than December 13, 2013.</p>	<p>previously reported adverse incidents. It is important the trainings are completed by December 13, 2013 so the service provider staff and CDDO are prepared when the I/DD reporting system is initiated on January 1, 2014.</p>	<p>K.A.R. 30-64-26 K.A.R. 30-64-27 K.S.A. 39-1806(b)</p>	<p>Workflow (1) 1. Quality Assurance Data Collection Process</p>
<p>Data Collection</p>	<p>It is recommended that CDDOs continue their local QA review and data collection processes as they do currently in compliance with regulation and continue to communicate with QMS staff as the licensing entity and to address concerns that arise out of this process. If action taken resulting from the outcome of a quality assurance review</p>	<p>CDDOs are charged with ensuring quality services are provided and corrections made as necessary. Given the contractual relationship providers will have with MCOs, MCOs should be notified when a provider's relationship to continue to provide services is in question.</p>		

23-32

Quality Assurance

23-33

Category	Recommendation	Rationale	Applicable Statute and/or Regulation	Attachments
Data Collection (Cont.)	<p>impacts the status or provider's affiliation status with the CDDO (i.e. probation, suspension, termination) MCOs should be notified along with KDADS staff.</p>			
	<p>It is recommended that discussion be held regarding any quality assurance data MCOs will request from CDDOs and that data be requested by working through existing systems.</p>	<p>CDDOs need information on what data is going to be requested in order to determine whether they can comply with such requests without adding substantial burden to staff or resources.</p>		
Corrective Action	<p>It is recommended that CDDO corrective action processes continue as they currently do (including coordination with QMS staff) to allow CDDOs to continue to meet regulatory obligations and ensure providers continue to comply with statute, regulation, and contractual duties to</p>	<p>CDDOs are charged to ensure providers are in compliance with applicable procedures and take corrective action if a provider fails to comply. QMS staff should be included in this process as necessary as the licensing entity for the State.</p>	<p>K.A.R. 30-64-22 K.S.A. 39-1806(b) +654</p>	<p>Workflow (1) 1. Corrective Action Workflow</p>

Quality Assurance

Category	Recommendation	Rationale	Applicable Statute and/or Regulation	Attachments
Corrective Action (Cont.)	provide services.	Given the contractual relationship providers will have with MCOs, MCOs should be notified when a provider's eligibility to continue to provide services is in question. A designee at each MCO and at KDADS central office to receive notification helps ensure timely receipt of notifications.		
	It is recommended that CDDOs notify MCOs and KDADS central office staff if action is taken that affects a provider's affiliation status (i.e. suspension, probation, termination), MCOs and KDADS should have a designated person to receive such notification.	Provider issues which warrant such action may have ramifications on the provider's CDDO affiliation agreement. Notification will allow CDDOs to follow up as necessary.	K.A.R. 30-64-22	
	It is recommended that MCOs contact CDDOs if action is taken impacting the provider's contractual relationship with the MCO.	CDDOs and KDADS along with Care Coordinators in some cases may need to take quick action for a transition. The MCO		
	It is recommended that in a crisis situation (provider loses license/affiliation agreement and/or individuals require			

23-34

Quality Assurance

Category	Recommendation	Rationale	Applicable Statute and/or Regulation	Attachments
<p>Corrective Action (Cont.)</p>	<p>immediate placement for safety) CDDOs and KDADS/QMS continue to work together to transition services to other or new providers. If applicable, care coordinators may need to be engaged to help find resources. CDDOs should try to ensure the provider is contracted with individual(s) MCOs and should make prompt notification to MCO of the change (via POC, Care Coordinator, etc.) to update records.</p>	<p>should be notified promptly to ensure no delays in payment to new providers when such a quick action is needed.</p>		
<p>Statewide Quality Oversight Committee</p>	<p>It is recommended that language be added to Appendix F of the current KDADS/CDDO contract giving each MCO one non-voting seat on the Statewide Quality Oversight Committee</p>	<p>MCO staff participating in SQOC meetings will allow MCOs access to data collected by the committee, education in the I/DD system and process, and information sharing in a forum where all CDDOs and KDADS are present allowing for consistency and transparency.</p>		

Workgroup Participants:

23-35

Quality Assurance

Lead: Carri McMahon, Reno County CDDO

Amy DeMoss, CDDO of SEK

Angela Allen, New Beginnings CDDO

Lenah Sugut, Wyandotte County CDDO

Melody Sunday, Wyandotte County CDDO

Paula Morgan, COF CDDO

Rae Lynne Baker, Cowley County CDDO

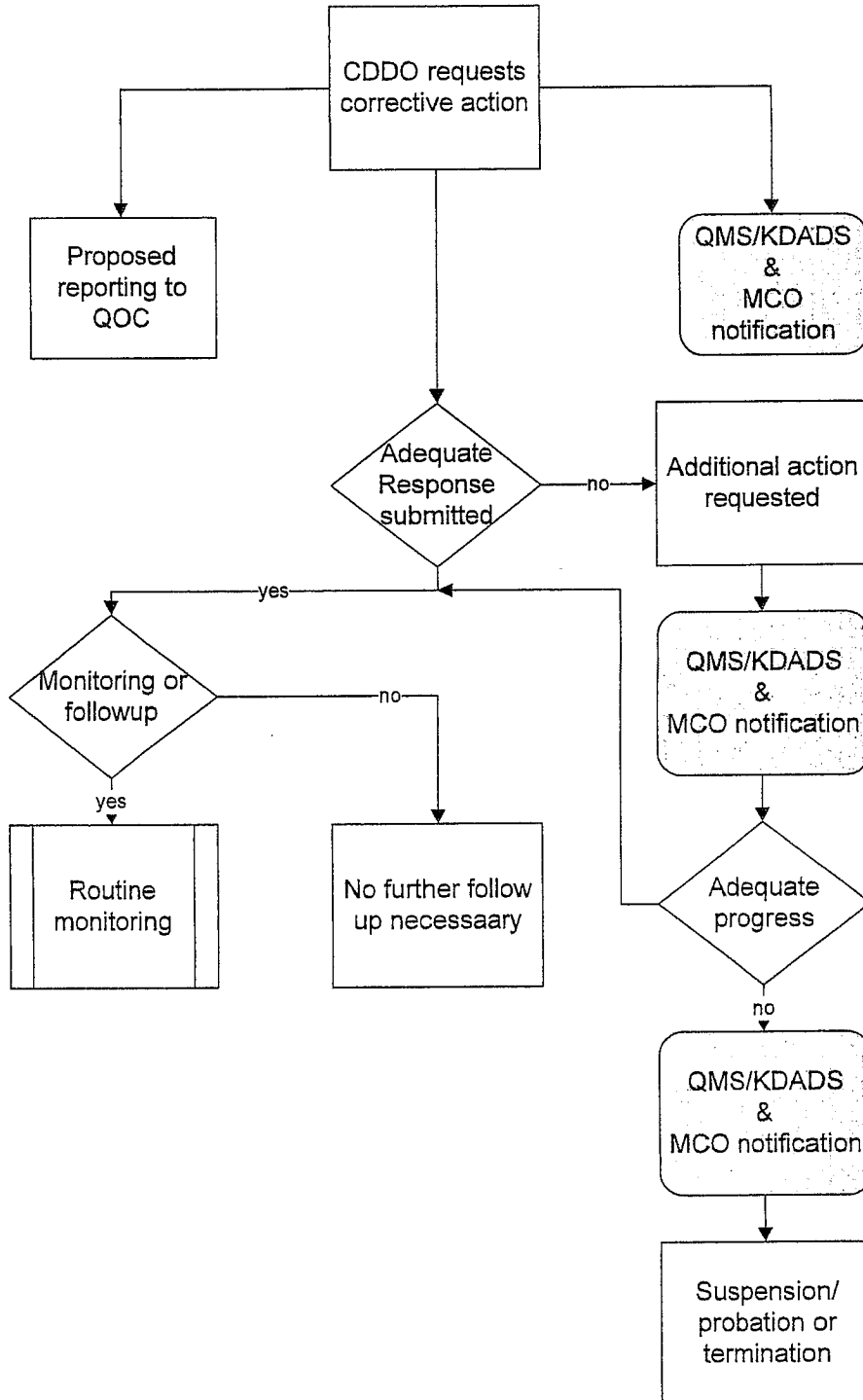
Shelly Herrington, Sedgwick County CDDO

Steve Sandoval, SDSI CDDO

Sue Stephens, DSNWK CDDO

23-36

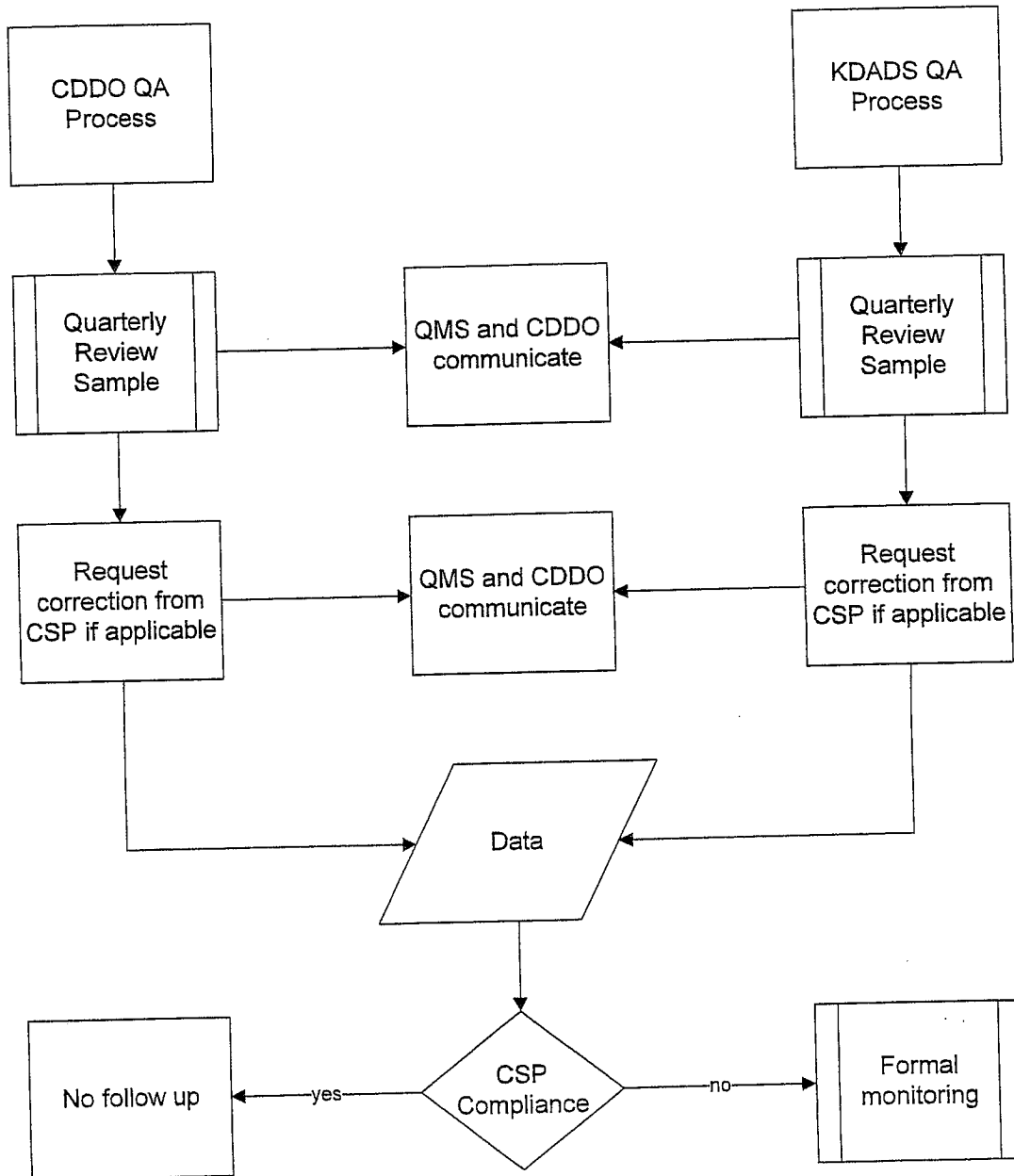
Corrective Action Workflow



QMS notification process may vary by CDDO

23-27

Quality Assurance Data Collection Process

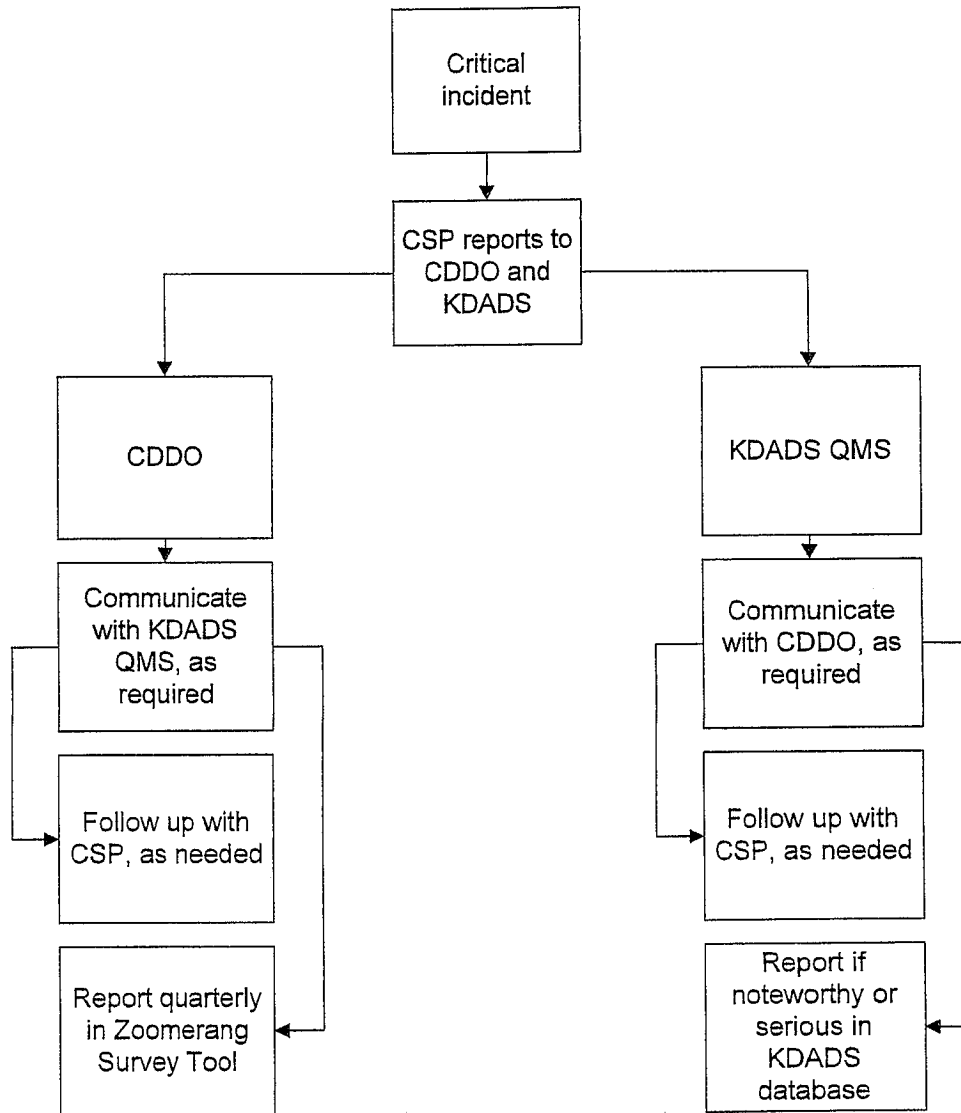


QA Process Requirements

The quality enhancement and quality assurance are addressed in K.A.R. 30-64-26 and 30-64-27 and is referenced in the DD Reform Act.

23-38

Critical Incident Reporting (current)



Critical Incident

Law Enforcement Involvement:

- Individual served was alleged perpetrator
- Individual served was alleged victim

Unexpected hospitalization and/or emergency care

- Medical hospitalization
- Mental Health hospitalization

Abuse, Neglect, Exploitation

- Licensed setting
- Community setting

• CDDO and/or KDADS QMS may require notification of additional events

• MCO notification depends on integration with AIR

23-39

SERVICE

ACCESS

CDDO Service Access Workgroup Draft Recommendations

Category	Recommendation	Rationale	Applicable Statute and/or Regulation	Attachments
BASIS	It is our recommendation CDDOs continue to be responsible for the collection and reporting of BASIS information required by the Basic Assessment and Service Information System. If it is determined MCOs need access to BASIS data, KDADS may modify the BASIS software, adding a "MCO" field and distribute data to MCOs.	Per regulation 30-64-22, each contracting CDDO shall perform the following: (b) collect and report to the secretary, in a manner specified by the commission, all information requested by the commission, including the following: (1) Information required by the basic assessment and services information system (BASIS);	K.A.R. 30-64-22	None
Case Management	Case management services shall continue to have a role in array of services for individuals with intellectual and/or developmental disabilities. MCO Care Coordinators identify needs, establish the person centered health action plan and coordinate support	I/DD Case management services are defined by a Targeted Case Management manual and associated Rules of Conduct.	K.S.A. 39-1805(b)	None

23-41

CDDO Service Access Workgroup Draft Recommendations

23-42

Category	Recommendation	Rationale	Applicable Statute and/or Regulation	Attachments
Case Management (cont.)	<p>referrals. Case Manager assists, when needed, with the implementation of the health action plan facilitating access to medical, social, educational and other services. Care Coordinator and CM shall include each other in all service planning activities for individuals in services or seeking services.</p> <p>KDADS and MCOs will define a methodology for determining Care Coordination assignment for January 2014, notifying CDDO of assignments. CDDOs may make referrals for Care Coordination if not initially assigned, based on input from service providers or needs identified by individuals.</p>			

CDDO Service Access Workgroup Draft Recommendations

Category	Recommendation	Rationale	Applicable Statute and/or Regulation	Attachments
Eligibility	<p>CDDOs shall continue to determine eligibility for I/DD services when an individual presents him/herself for services, using the protocol developed through the Eligibility Roundtable meetings.</p> <p>It is the responsibility of the CDDO to provide, without prejudice, all service provider options to eligible individuals. For those who do not meet the eligibility standard, referral to other community or regional resources should occur.</p>	<p>Eligibility is the linchpin to functions performed by the CDDO. It would be well advised that the process continues in its current state. The process of determining eligibility is intricate and specific criteria must be met to navigate to other steps of the process.</p> <p>The areas of eligibility determination, information and referral and service access management all make up this process. Any attempts to circumvent, divide or outsource any of the current function would thereby deviate from the original intent of the DDRA.</p>	K.A.R. 30-64-23	<p>Flowchart (1) 1. Eligibility and Service Access I/DD System</p>

23-43

CDDO Service Access Workgroup Draft Recommendations

23-44

Category	Recommendation	Rationale	Applicable Statute and/or Regulation	Attachments
Gatekeeping	<p>The CDDOs will maintain their current responsibilities for I/DD system gatekeeping; including access to public or private ICF/MR services, ensuring an ICF/MR is the least restrictive setting to meet the person's needs, assisting individuals to transition out of public or private ICF/MR services to community services, and impartially providing individuals with all available service options. It would be reasonable for the MCO Care Coordinator to work in conjunction with the person's I/DD Targeted Case Manager when seeking placement in an ICF/MR and to ensure that all resources have been tried to meet the person's needs in the</p>	<p>Current CDDO responsibilities regarding gatekeeping, informed choice of service options, and continuity/portability of services are clearly identified in the DD Reform Act and Article 64 regulations. As the ADRC has taken on the responsibility of providing information about the MCOs for other Waivers as part of their options counseling service, likewise the CDDO should take on that responsibility for the I/DD Waiver.</p> <p>To include MCOs into current CDDO processes, it would be reasonable for the MCO Care Coordinators to work in conjunction with I/DD Targeted Case Managers to</p>	<p>K.S.A. 39-1805 K.A.R. 30-64-22 K.A.R. 30-64-23 K.A.R. 30-64-28 K.A.R. 30-64-29</p>	<p>Flowcharts (3) 1. Port process 2. Death Reporting 3. Gatekeeping</p>

CDDO Service Access Workgroup Draft Recommendations

23-45

Category	Recommendation	Rationale	Applicable Statute and/or Regulation	Attachments
Gatekeeping (cont.)	<p>community and when planning for a transition out of an ICF/MR to community services.</p> <p>The CDDOs will maintain their current responsibilities for portability of services and death reporting. The CDDO will remain the entity who performs system eligibility and Waiver eligibility through the BASIS assessment. The CDDO is responsible for maintaining those records and the transfer of those records when a person moves to another CDDO area. The CDDO will maintain the responsibility of submitting the CDDO Death Report to KDADS. Since the I/DD Targeted Case Manager is currently</p>	<p>identify MCO resources available to meet person's needs in the community. MCO representatives have stated it is their "vision" that Care Coordinators are available to I/DD Targeted Case Managers as a resource and to identify possible services/resources available that are in addition to current I/DD Waiver services. As I/DD Targeted Case Managers are currently responsible for keeping the CDDO and local DCF office informed in case of a person's death, or move to another CDDO area, likewise the I/DD Targeted Case Manager could be responsible for concurrently keeping the MCO informed.</p>		

CDDO Service Access Workgroup Draft Recommendations

Category	Recommendation	Rationale	Applicable Statute and/or Regulation	Attachments
Gatekeeping (cont.)	<p>responsible for supplying information to the CDDO regarding a consumer's death and for notifying DCF to close the Medicaid case, the targeted case manager could also notify the MCO Care Coordinator at the same time.</p> <p>It is recommended that CDDOs collaborate with KDADS and the MCOs to impartially provide MCO option information to people with I/DD.</p>			

23-45

CDDO Service Access Workgroup Draft Recommendations

23-47

Category	Recommendation	Rationale	Applicable Statute and/or Regulation	Attachments
Waiting List	<p>Effective January 1, 2014, CDDOs shall continue to administer the I/DD waiting list consistent with established State regulations and local policies developed for the respective CDDO's geographic area. CDDOs shall continue to maintain responsibility for the accuracy and integrity of information maintained in the Services Section of BASIS from which current waiting list data and forecasts are derived. It is further recommended that waiting list procedures as outlined in the KDADS/CDDO FY14 contract, Appendix E, paragraph II, C., 1-3, be retained.</p>	<p>Basic tenets for administration of the waiting list (i.e. Service Access List) are mandated by State statute and regulation. As such, local CDDOs must serve as the single point of entry and referral, assure uniform access to service, and provide for consumer choice.</p> <p>Historically, the waiting list has been collaboratively administered between the 27 CDDOs and the HCBS I/DD Program Manager for KDADS. Similarly, a single, waiting list contact from each MCO, as mutually designated by KDADS, would facilitate the three-way communication necessary as individuals</p>	<p>K.A.R. 30-64-21 K.A.R. 30-64-22 K.A.R. 30-64-23 K.A.R. 30-64-25 K.A.R. 30-64-30</p>	<p>Flowchart (1) 1. Waiting List Flowchart</p>

CDDO Service Access Workgroup Draft Recommendations

2348

Category	Recommendation	Rationale	Applicable Statute and/or Regulation	Attachments
Waiting List (cont.)	KDADS and the MCOS shall designate a single point of contact with whom CDDOs will exchange information regarding verification of I/DD waiver eligibility, and timely notification when funding is accepted by the I/DD consumer. The CDDO will continue to serve in their capacity as single point of entry and referral by contacting the individuals/guardian when funding is available, presenting of all service options, and initiating referral for service.	access new HCBS services via the waiting list.		

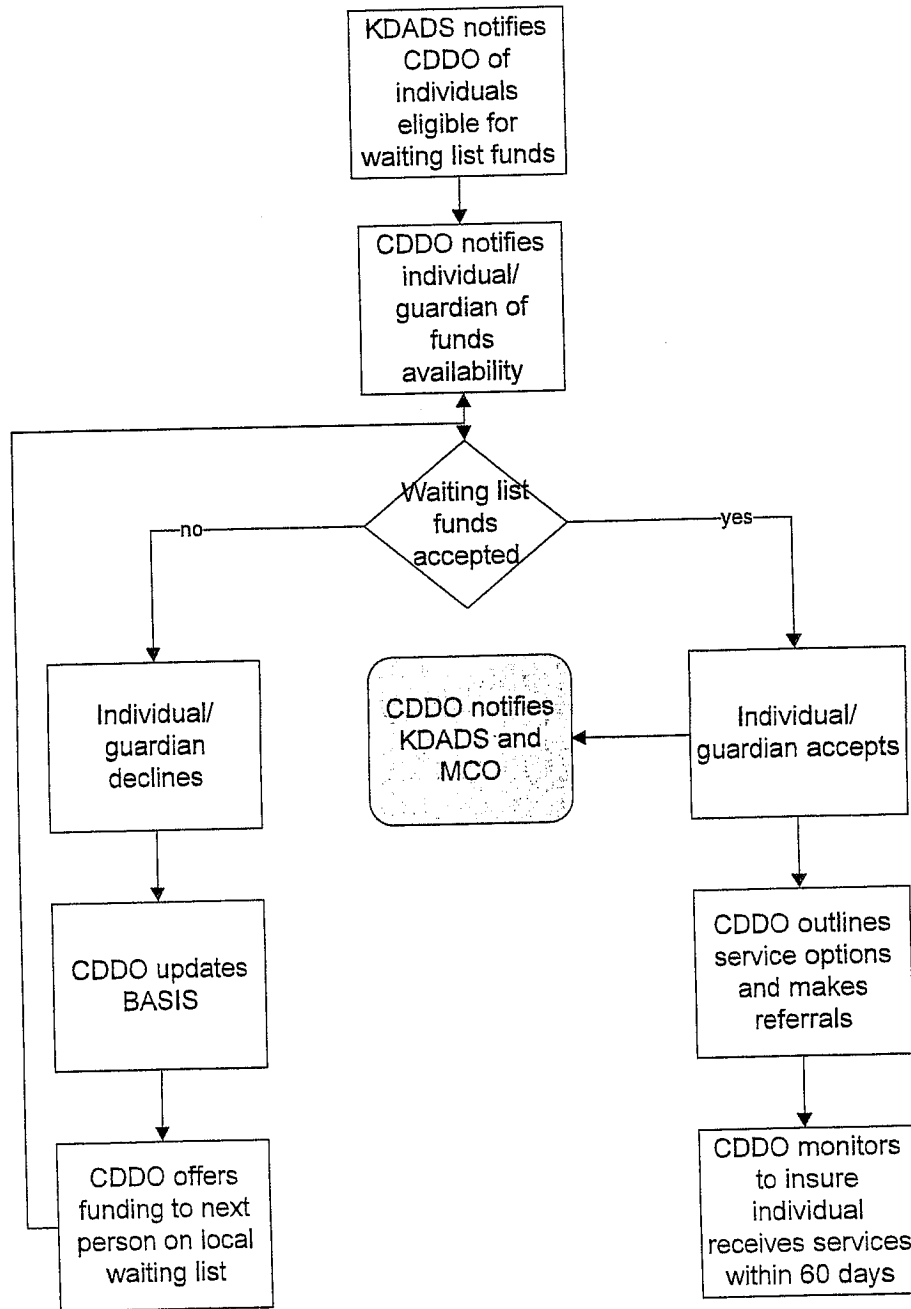
CDDO Service Access Workgroup Draft Recommendations

Workgroup Participants:

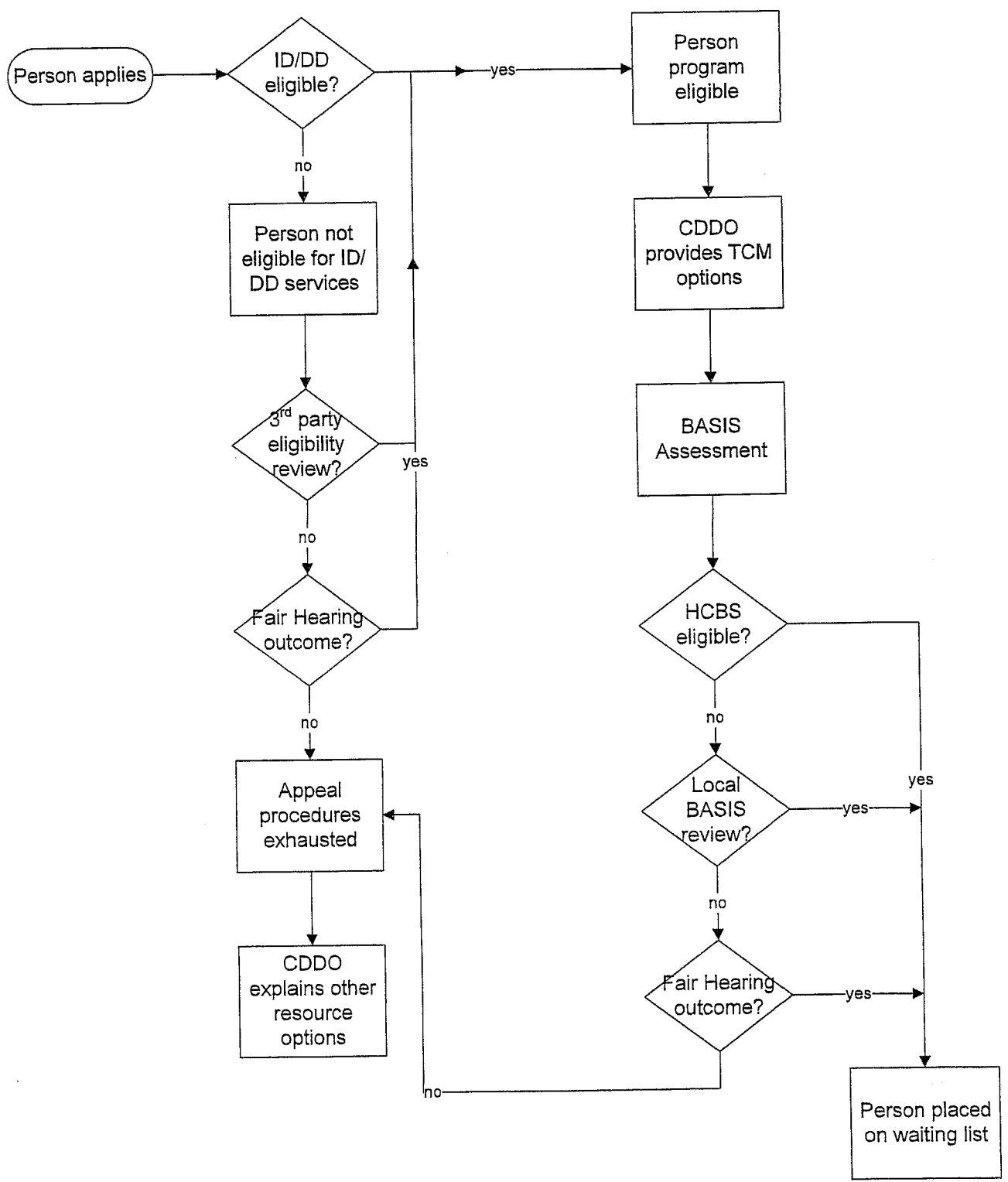
Lead: Cindy Wichman, Big Lakes CDDO
Angela Drake, Cottonwood CDDO
Becky Suter, Sedgwick County CDDO
Brandy Hatheway, Tri-Ko CDDO
Dixie Williams, Achievement CDDO
Janet Pfannenstiel, DSNWK CDDO
Kay Fasching, Wyandotte County CDDO
Linda Lock, Brown County CDDO
Lorraine Harris, Disability Planning Organization of Kansas CDDO
Phyllis Wallace, Wyandotte County CDDO
Rae Lynn Baker, Cowley County CDDO
Rikki Bowker, Butler County CDDO
Sanna Murray, COF CDDO
Sherry Arbuckle, Sedgwick County CDDO
Tamra Watson, Cowley County CDDO
Tricia Thomas, Sedgwick County CDDO

23-49

Service Access (Waiting List) Process

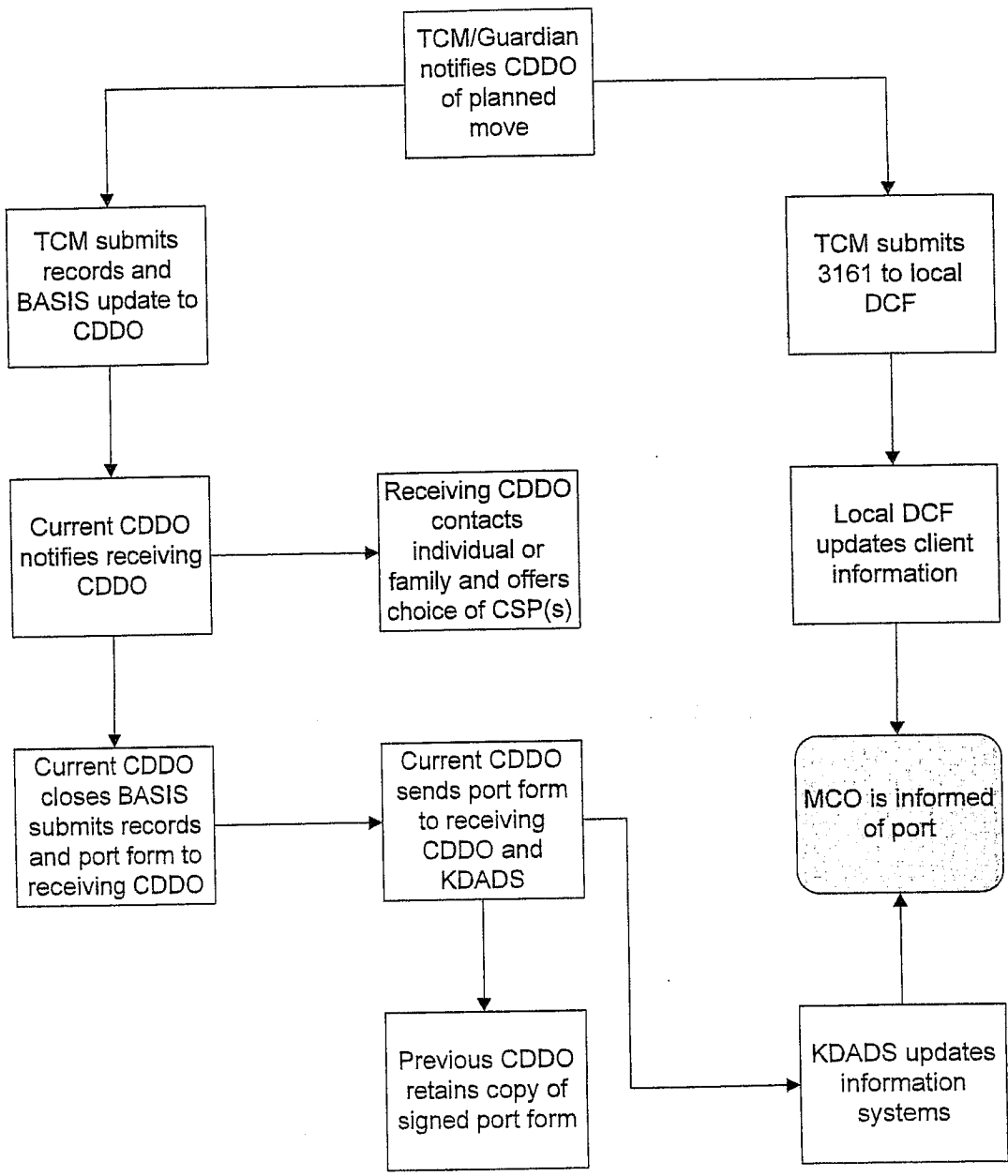


Eligibility & Service Access



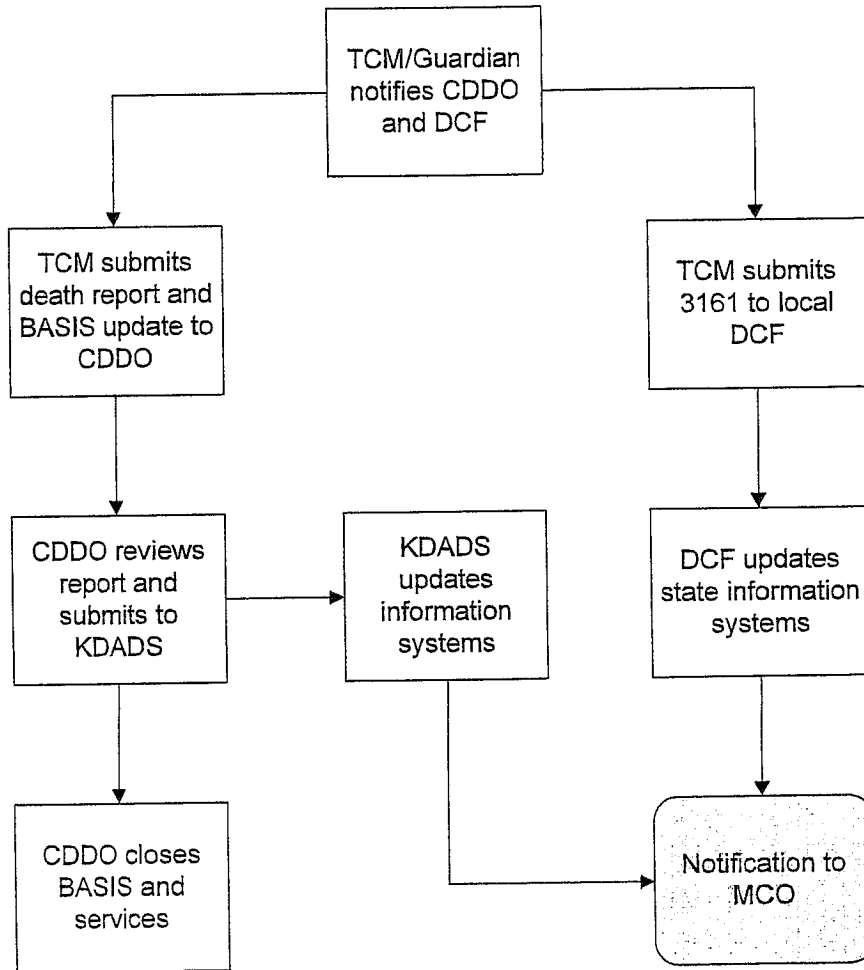
23-51

Port Process



23-52

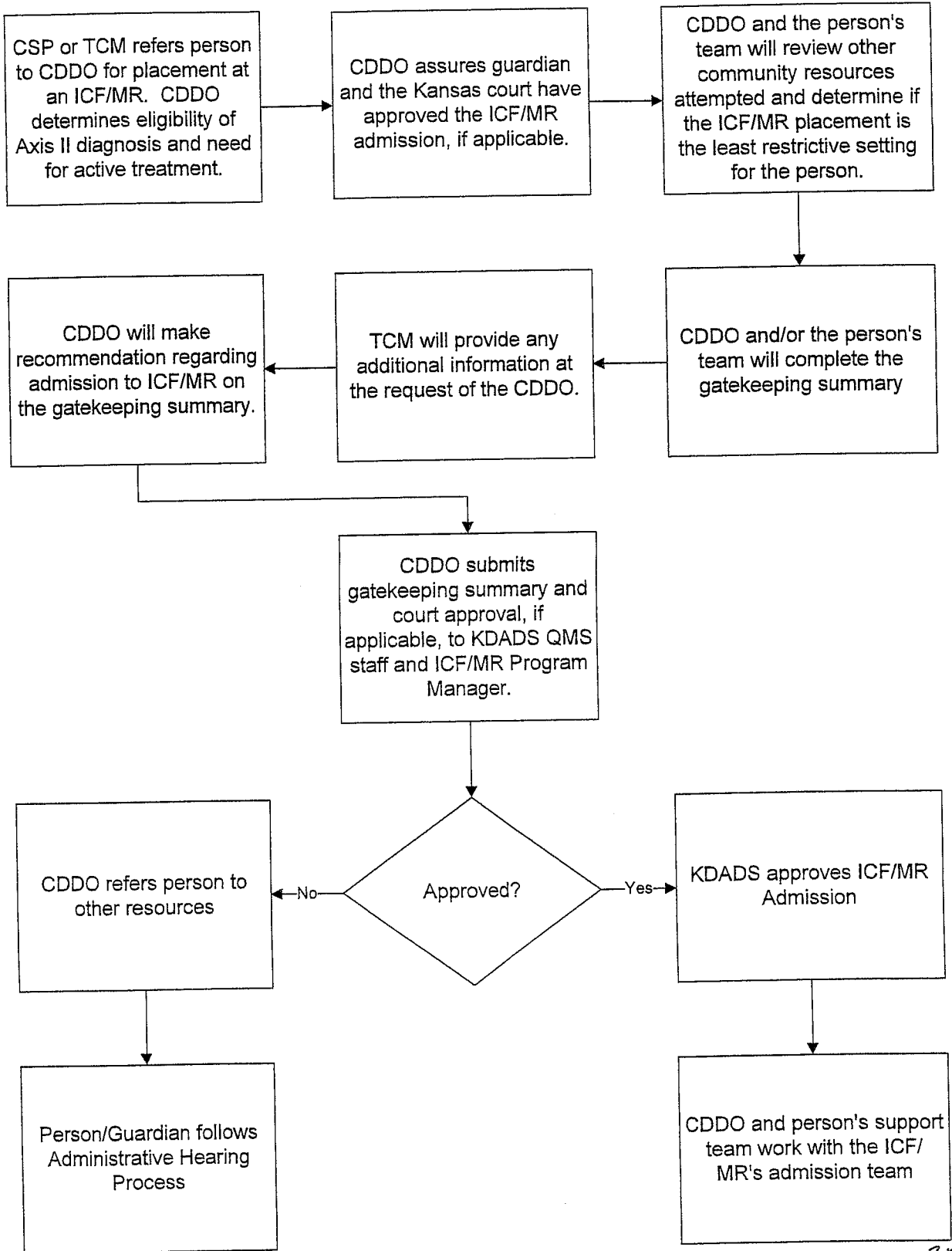
Death Report Process



23-53

ID/DD Gatekeeping Process

Source: KDADS/DD Pilot Group (2013)



23-54