Division of Medicaid and Children's Health Operations

December 27, 2013

Kari Bruffett, Executive Director
Kansas Department of Health and Environment
Division of Health Care Finance
900 SW Jackson Avenue, Suite 900
Topeka, KS 66612

Dear Ms. Bruffett:

The Centers for Medicare & Medicaid Services (CMS) Kansas City Regional Office and Central Office have reviewed the amendment for the Kansas Home and Community Based Services (HCBS) Intellectual/Developmental Disabilities Waiver, control number KS 0224.R04.04. The state submitted this waiver application September 30, 2013, and the proposed effective date is January 1, 2014.

Through ongoing communication, CMS has determined that additional information is necessary to approve the waiver amendment.

1. Appendix D-1-c: Supporting the Participant in Service Plan Development

The State has identified the importance of future planning in a participant’s person centered support plan. CMS commends and encourages this approach. While person centered planning may include a participant’s preferred lifestyle, both now and in the future, please describe how the process will identify current needs and how those needs will be addressed/implemented.

2. Appendix D-1-d: Service Plan Development Process

In responding to each of the following, please describe the role of the managed care entity and other parties in the process, as appropriate.

a. Please provide information/documentation to demonstrate that each individual on the waiver currently receives annual service plan assessments. Provide a detailed plan for completing outstanding assessments, if any, to ensure all waiver participants receive all waiver services identified in the current needs assessment.

b. Revise the following information to include a description of the process for evaluating service change requests based on a change in need to assure that assessments are completed timely and that individuals
either receive needed services or are afforded full due process and appeal rights:

"Changes in condition that prompt need for changes to services provided and are identified by the case manager and service revisions are submitted to the CDDO for review."

c. Please include a description of the tool that will be used for evaluating need. If using the current tool, BASIS, demonstrate that the tool is adequate to identify current need and how the state assures that the tool will be applied consistently and predictably.

d. If the state intends to develop a new assessment tool to evaluate need, please describe the process used to develop the tool, including stakeholder engagement and training, and a timeline for implementation. Please describe how the state assures that the tool will be applied consistently and predictably.

e. Please explain how an individual is provided due process and appeal rights when any requested service is denied because it was not found to be a current need.

3. Appendix D-1-f: Informed Choice of Providers

Please describe the strategy to ensure that adequate provider capacity exists to meet identified needs.

4. Appendix D: QIS

Kansas must include a CMS approved corrective action plan to describe how the state will come into compliance with the approved, amended waiver. With regard to the existing underserved wait list, the state will complete the following tasks:

- Develop a stakeholder communication and engagement plan regarding the state's proposed process to address the underserved wait list,

- Provide a process, including timeframes, whereby individuals currently on the underserved wait list are assessed to confirm or identify current needs and that needs are met.

- Ensure that individuals are provided full due process, including state fair hearing rights, if any requested or approved service is reduced or denied.

Kansas must provide weekly reports to CMS on the progress of the corrective action plan.
5. Appendix J-2-d-ii: Estimate of Factor D – Concurrent §1915(b)/§1915(c) Waivers, or other authorities utilizing capitated arrangements (i.e., 1915(a), 1932(a), Section 1937)

Complete the “Concurrent Waiver” table for waiver year 5. Currently, the state has included information in the “Non-Concurrent Waiver” table. The state should select and complete the Factor D table for concurrent waivers. This table includes an additional column to indicate whether a waiver service is included in the capitation rate paid to managed care entities or will be paid outside the capitation rate. Please refer to pages 280 and 281 of the technical guide for additional information on the “Concurrent Waiver” table.

Under section 1915(f) of the Social Security Act, a waiver request must be approved, denied or additional information requested within 90 days of receipt or the request will be deemed approved. The 90-day review period on this request ends December 29, 2013. This formal request for additional information will, however, stop the 90-day clock. A new 90-day clock will not begin until we receive your response to this request.

CMS shares with Kansas a sense of urgency to resolve issues identified within the current waiver operation, including the need to assure that individuals served by the waiver are having current needs fully met. We remain committed to working with Kansas to provide a timely review and approval of the 1915(c) amendment (0224.R04.04) once the state is able to appropriately address the issues raised in this RAI, including submission of an acceptable corrective action plan as described above. CMS also continues to work closely with Kansas toward achieving the state’s goal of successfully integrating these waiver services in 2014 within the larger KanCare delivery system for the individuals served.

If you have questions about this request or the material contained herein, please contact Megan Buck at 816-426-6314.

Sincerely,

James G. Scott
Associate Regional Administrator
for Medicaid and Children’s Health Operations

cc: Susan Mosier, M.D., KDHE
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