

Cottonwood CDDO Affiliate Meeting

1/28/14 – 2pm
N/S Conference Rooms

Present: Angela Drake, Linda Wheatley, Tasha Foster, Alana Dotson, Mike Glaves, Marion Babb, Joyce Rickman, Laura Tennial, Amy Harmon, Erin Hahs, Pam Ludwick, Paula Pratt, John Dunlap, Dolores Cummings, Lynette Grimes, Ben Layton, Susan Davis, Katt McLaughlin, Carrie Koch, Dorothy Lind, Heather Kirk, Barb Bishop, Judy Condra, Lori Bolejack, & Amber Frost

1. Rick Bailey with Sunflower State Health Plan gave a presentation on how to navigate the Sunflower website <http://www.sunflowerstatehealth.com/> set up a log in, and file claims online through Sunflower. Providers can sign up for email alerts from Sunflower to stay updated on any changes <http://custapp.marketvolt.com/Form/DfDYpGB9L7/Signup/> Sunflower has provider Summit calls on Fridays at 3pm for I/DD providers. The call in number is 855-351-5537 and the participant code is 4156574972. Providers can request on site training for billing / claims issues from Sunflower by calling Rick Bailey at 913-217-0062 or emailing Rick at ribailey@sunflowerstatehealth.com

2. System Updates
 - a. CDDO Liaison Pennie Dubisar-Cross is no longer with Cottonwood. Susan Davis and Ben Layton have absorbed Pennie's responsibilities and are now co- CDDO Liaisons.

 - b. Kansas continues to prepare for the implementation of KanCare on 2/01/14. CDDOs are no longer accepting Plans of Care. If KanCare is implemented on 2/01/14, then TCMs will need to work with the KanCare health plans to complete Plans of Care going forward. CDDOs will still process requests for extraordinary funding. The crisis process will change a bit, CDDOs will still process crisis requests for people who do not currently have any I/DD HCBS Waiver services. **For people who currently receive at least one I/DD HCBS Waiver service, the TCM will still present the crisis request to the CDDO, and the CDDO will determine if a referral is needed to the MCO or KDADS.** CDDOs will no longer complete 90 day reviews of crisis services. Providers can call into the KDADS Lunch and Learn calls on Mondays and Fridays at 11am to ask questions about the transition to KanCare. You can email your questions in advance to

providerforum@kdads.ks.gov and the phone number for the call is 866-620-7326, then enter Participation Code: 4283583031.

- c. The next Statewide Funding Committee meeting is on 2/13/14 in Topeka. Also, the next Statewide Quality Oversight Committee meeting on 2/20/14 in Topeka.
3. No gaps in services were identified at this time and no providers had any announcements to share. The consumer marketing list was made available to everyone who attended the meeting.
4. The next Affiliate Meeting is April 22nd at 2pm in the North/South Conference Room at Cottonwood, Inc.

Minutes by Angela Drake

Cottonwood CDDO Affiliate Meeting

**4/22/2014 – 2pm
N/S Conference Rooms**

Present: Angela Drake, Laura Downs, Kevin Davis, Cathleen Davis, Dolores Cummings, Kara Walters, Drew Diedel, Paula Pratt, Mary Phillips, Lynette Grimes, Janet Fouche-Schack, Pamela Ludwick, Molly Kaldahl, Jason Sheets, Amber Frost, Marion Babb, John Dunlap, Lindsay Cornella, John Wubbles, Josh Saunders, & Megan Poindexter

1. Amber Rhoden & Terry Haak of the Lawrence Police Department gave a presentation on a new program, the Crisis Intervention Team -
http://www.nami.org/Content/ContentGroups/Policy/CIT/CIT_Facts_4.11.12.pdf

The goal is to have 35% of the LPD officers CIT trained. They also informed the group about Smart 911, which creates a safety profile for a household / individual of helpful information to share with first responders - http://www.douglas-county.com/depts/ec/ec_smart911.aspx

2. System Updates

- a. The Statewide Quality Oversight Committee met on 2/20/14 and is discussing possible changes to the questions / data gathered from the annual consumer on site visits.
 - b. The Statewide Funding Committee met 4/15/14 and is working through changes in processes and communication between CDDOs, KDADS, & MCOs. Angela Drake of Cottonwood CDDO was elected to be the CDDO co-chair for FY 2015. Greg Wintle is the KDADS co-chair.
 - c. The next KDADS / DD Stakeholder meeting is scheduled May 8th at 9:30am in Topeka or providers can listen in by phone at Cottonwood CDDO in the North/South Conference Room.
 - d. CDDO Contract negotiations with KDADS are scheduled May 28-30 & June 4-6. Providers can email Angela with any ideas or suggestions for the FY 2015 contract at adrake@cwood.org. Angela is anticipating there may be changes to the Supported Employment contract exception and the crisis funding process.
 - e. KanCare – Discussion about how things are going so far with the transition to KanCare. The United Healthcare Care Coordinator assigned to Douglas County is out on medical leave so two other Care Coordinators will be covering during her absence. The MCOs are asking for the Statewide Needs Assessment to be completed for requests for Day Supports and Residential Supports, but the document was created specifically for Supportive Home Care / Personal Assistant Services. KDADS has formed a workgroup to look at revising the Statewide Needs Assessment and to develop a statewide template for Person Centered Support Plans.
3. The Consumer Marketing List was made available to providers.
 4. The next Affiliate Meeting is July 22nd at 2pm. Please contact Angela with any suggestions for guest speakers.

Minutes by Angela Drake

Cottonwood CDDO Affiliate Meeting

**8/26/2014 – 2pm
N/S Conference Rooms**

Present: Angela Drake, Tasha Foster, Ben Layton, Heather Kirk, Susan Davis, Mike Glaves, Dolores Cummings, Dave Skinner, Judy Condra, Marion Babb, Pam Ludwick, Janet Fouche-Schack, Jenny Ricks, Lynette Grimes, Kevin Davis, Amber Frost, Molly Kaldahl, Paula Pratt, John Dunlap, Lindsay Cornella

Minutes by Angela Drake

1. System Updates

- a. Statewide QO Committee update – The Committee decided to change what data is collected and reported to KDADS on a quarterly basis. Cottonwood CDDO has updated the Consumer On-site Visit form with recommendations from the Council of Community Members. The BCI system has been updated with the changes and a paper version is also posted on the CDDO website. TCMs are still required to meet with each person on their caseload at least once a year to complete the form and enter the information into BCI.
- b. FY 15 CDDO Contract update- Several changes were proposed by KDADS for Fiscal Year 2015. There are 23 CDDOs that have not yet agreed on a contract with KDADS and it is possible that all 27 CDDOs will not have the same contract with KDADS this year. If you affiliate with more than one CDDO area, be aware that CDDO responsibilities may be different from one CDDO area to another for the remainder of this fiscal year. The proposed changes in the contract signed so far by 4 CDDOs are as follows -
 - i. 11% Reduction of CDDO Administration funding
 - ii. Employment First & Challenging Behavior work groups were eliminated
 - iii. KDADS plans to replace BASIS with a new assessment tool yet to be determined
 - iv. New & annual functional assessment training for CDDO staff
 - v. CDDOs are to submit an annual report to KDADS on functional assessment processes
 - vi. CDDOs are to submit a monthly report to KDADS on crisis requests
 - vii. CDDOs must complete a capacity assessment by November 1st & submit a quarterly follow up report to KDADS
 - viii. CDDOs must track additional information for the Statewide Funding Committee and submit a quarterly report to KDADS
 - ix. CDDOs must track complaints & submit a quarterly report to KDADS
 - x. Frequency of CDDO Reviews will be increased from every 3 year to every 2 years
- c. Process changes –
 - i. HCBS I/DD Waiting List & Person Centered Support Plans – Angela reminded providers that how the waiting list is managed has changed. KDADS has eliminated the Services section of BASIS and no longer receives that data. Cottonwood CDDO still utilizes that data for internal tracking. Now the only way a person is placed on the waiting list is after the CDDO determines the person system eligible, the BASIS assessment is completed and entered into KAMIS, and a BASIS score is calculated for a Tier 1 – 5 to confirm the person is I/DD Waiver eligible. Then the CDDO clicks on a button in KAMIS to recommend adding the person to the I/DD Waiver waiting list. KDADS staff reviews the request and if approved adds the person to the waiting list. If KDADS denies the request, they will send the person a notice of action.

KDADS is still in the process of building the waiting list application of KAMIS so CDDOs do not currently have access to where on the waiting list a person falls. CDDOs have just recently started seeing people being correctly identified in KAMIS as waiting but there is no way to tell what number a person is on the waiting list. KDADS has not

communicated a timeline for expected completion of the waiting list application in KAMIS.

There is no longer a waiting list for people who are planning for additional future service needs. After a person receives any I/DD Waiver service, if the support team identifies that the person will need one or more additional I/DD Waiver services at some point in the future the TCM should include that information in the person's annual Person Centered Support Plan. Requests for additional services will be determined by the person's KanCare MCO.

The MCOs should have assessed all individuals who were on the underserved list by July 31st and the people who were determined to need additional services should be reviewing service options, signing the CDDO provider choice forms, and scheduling transition meetings with their chosen providers to begin services.

- ii. HCBS I/DD Funding Requests –
 - 1. Crisis & Priority Services (TA Waiver, Autism Waiver, TBI Waiver, ICF/IDD transfers, DCF Custody, VR Closure) – Angela reviewed the new funding request form that replaces two previous forms, one for crisis requests and one for contract exception requests. Now please use the HCBS I/DD Waiver Access Request form. CDDOs are only reviewing crisis requests for people who are not receiving any I/DD Waiver services. CDDOs can deny the request or recommend approval of the request to KDADS. If recommended for approval to KDADS, then a team of KDADS staff reviews the request and makes a determination. Please let families know that there is the possibility of KDADS staff doing an in person visit with the consumer in addition to the CDDO staff visit to review the request. TCMs were reminded to include all needed documentation with the requests including exhausting all other possible resources and KanCare MCO resources.
 - 2. EF – Just like with the other funding requests, the CDDO can deny the request or recommend to KDADS for approval. If recommended for approval, KDADS then has a team of staff review the request and makes a determination.
- iii. Gatekeeping / Institutional Placement Requests – KDADS now requires a gatekeeping meeting for requests to both privately owned Intermediate Care Facilities and public Intermediate Care Facilities / State Hospitals. The MCO Care Coordinator must be included in the gatekeeping process and needs to write up a recommendation. For Parsons and KNI requests, if the CDDO recommends admission then Parsons / KNI reviews the request and if they agree with admission then the request goes to KDADS for a determination. KDADS may interview the person's guardian or complete an in person visit as part of their review.

2. The Consumer Marketing List was made available to providers.

3. The next Affiliate Meeting is October 28th at 2pm. Please contact Angela with any suggestions for guest speakers.

Cottonwood CDDO Capacity Assessment Meeting with Affiliated Providers FY 15

October 21, 2014

9:00am

North/South Conference Room

Present: Angela Drake, Ben Layton, Susan Davis, Amber Frost, Mike Glaves, Kevin Davis, Rick Snodgrass, Janet Fouche-Schack, Jill Baker, Caitlin Schmidt, Megan Poindexter, Kara Walters, LaFawn Yost

Overview: Angela explained that Cottonwood CDDO has in their FY 15 contract with KDADS to submit a Capacity Assessment to KDADS by November 1st. Angela pulled language from the Developmental Disabilities Reform Act regarding capacity planning and asked participants to brainstorm regarding the 3 questions posed in the DDRA. Angela will then compile the results and will review at the CDDO Council of Community Members meeting on October 22nd to develop a finalized product and we will work on goals / track progress through our quarterly affiliated provider meetings.

39-1811: Community developmental disability services; maximization of federal financial participation; use of revenue derived therefrom; report to legislature.

(e) The secretary shall require that the council of community members in each service area convene representatives of the community developmental disability organization, community service providers, families, consumers and other community stakeholders to develop and implement community capacity building plans annually, to improve the quality and efficiency of service delivery. Each such local plan shall:

(1) Identify strengths within the local service area, including natural and community supports;

- Project Search
- Variety of provider choices and types of settings (large/small, self-directed, agency directed)
- Providers work with each other to offer flexibility (split day services)
- Accepting / supportive community, embraces diversity
- Good school system; C-Tran
- Transportation
- Lots of community partners – Parks & Rec, Best Buddies, Natural Ties, food banks, safety net clinics, Douglas County Dental Clinic, welcoming medical providers
- Student population for employment pool
- Communication with the CDDO
- KU
- Haskell U
- Baker U
- Good working relationships between providers and CDDO
- Developing a center for health care training (through USD 497)
- Progressive local government

(2) Identify barriers to meeting the independence, productivity, integration and inclusion goals of the developmental disabilities reform act; and

- Inadequate rates (DD Waiver lowest reimbursement of all HCBS Waivers)
- Mainly student population for employment pool (seasonal, temporary, class schedules heavier on Tues/Thur)
- High demand / lack of available workers for early mornings / after school shifts
- Lack of training resources
- Expense of advertising / recruiting for staff
- Lack of transportation in rural areas
- Low wages for direct support staff
- Issues with KDADS / MCO computer systems
- Lack of guidelines for managing through stages of life (consumers aging)
- Added staff time on claims processing due to KanCare, takes away from other duties
- MCOs don't understand services / DD system
- Limited Day service options (not enough center / agency based providers)
- Limited Residential openings (hard to find a good match)
- MCOs blanket denial of additional TCM units
- MCOs limiting Supported Employment units
- MCOs don't have systems in place for requesting additional services or units of service
- Lack of affordable housing options
- Lack of providers for people with behavior challenges
- KanCare / MCOs
- Health Homes (still a lot of confusion, too rushed, impact on TCM)
- Law Enforcement in rural areas aren't trained on how to interact with people with disabilities (Lawrence area is getting started with crisis response team and specialized training)
- Changes in TCM billing (what is allowable and what isn't)
- Funding (wait list / inflexible)
- Lack of employment options
- Extremely low Protected Income Level for consumers (spend down / monthly obligation)
- Regulations make providers risk averse (balancing risk vs. choice)
- Limited psychiatric providers
- Fire Marshal requirements
- Can't open new service sites if unable to hire enough staff
- Lack of collaborative partnership with VR on community employment services
- Uncertainty about CMS rules / changes ahead
- Lack of settings that appeal to people with Autism Spectrum Disorder
- Lack of incentives for businesses to employ people with disabilities
- Lack of flexibility / creativity from MCOs & funding options to create individualized services for people with unique needs

(3) Identify key goals that will be addressed in the service area to develop and maintain such community capacity.

- Advertise grant opportunities to increase capacity (i.e. Empower Kansas grant)
- Advocate for positive system change
- Hold MCOs accountable to fulfill promises of Administration (offer creative solutions, supposed to be more flexibility than the traditional HCBS funding) – track & report requests and outcomes
- Advocate for rate increases
- Advocate for increase to consumer's Protected Income Level
- Collaborative training resource list (providers share ideas & resources for training)
- Community awareness / participation
- How to address / manage ACA & DOL changes for employers
- Address staff scheduling challenges
- Better team communication (look at Project Lively)