

Cottonwood CDDO Affiliate Meeting

7/22/2025 – 2pm

Teams

Present: Angela Levy, Cassie Milam, Paula Pratt, Roxanne Hidaka, Heather Thies, Jennifer Star, Ashley Seimears, Sean Swindler, Phil Bentzinger, Colleen Hunter, Nancy Bullock, Sarah Elliott, Laura Solis, Jason Pattison, Janine Gracy, Rayna Goldsmith, Connie Wade, Lynette Goldizen, Susan Davis, Zoe Surprise-Murphy, Logan Pope, Mike Graves, Ruth Ann Arber, Patrick Gardner, Caitlyn Hendershott, Jessica Danon, Robin Shafer, Deb Bowden, Ranita Wilks, Jon Gerdel, Corby Lockwood, Jon Tran, Mark Gonzalez, Hugh Murphy, Stephany Semple, Duane Turnbull

1. Guest Speakers

- a. Sean Swindler & Robin Shafer from Kansas Center for Autism Research & Training regarding research opportunities –

Sean and Robin reviewed upcoming research opportunities for individuals with I/DD and their family members. The research projects include 1) Biobehavioral Research on Autism, seeking individuals ages 8-35 with a diagnosis of Autism and Intellectual Disability and participants are compensated for their time, 2) A clinical trial for Pimavanserin seeking individuals ages 16-40, and 3) Fragile X premutation carriers, seeking parents or grandparents, ages 45 and older, of individuals diagnosed with Fragile X Syndrome.

- b. Jessie Danon from Kansas University Medical Center regarding health & wellness opportunities for I/DD -

Jessie shared the research projects, community-based programs, and community outreach opportunities they have available that focus on nutrition and exercise classes, and discovery and innovation regarding Alzheimer's and Down Syndrome. They are currently recruiting individuals 18-35 for the CHEF-ID study and recruiting individuals 18 and older with a diagnosis of Down Syndrome for the BOLD study. Participants are compensated for time and travel. They also offer exercise classes for individuals 13 and older with a diagnosis of ID and the first month is free. KUMC will also come to your provider organization and offer a free exercise class along with a presentation about their programs and research project opportunities.

- c. Corby Lockwood from KDADS regarding AIR policy clarification-

The current AIR management policy defines Emergency Medical Care as **inpatient or outpatient emergency medical services that are necessary to ensure the health and welfare of the participant which require use of the most accessible Medical Facility.**

To determine if an AIR is required for medical services received keep the following helpful tips in mind:

- If the situation warrants immediate (emergency) medical care regardless of what type of medical facility used, an AIR report is required. If the emergency would require a visit to a 24-hour medical facility, then err on the side of caution and make an AIR report.

- If the situation warrants immediate (emergency) medical care and if a walk-in or urgent care clinic was unavailable the individual would have to go to the emergency room, then an AIR report is required.
- If the urgent care/ walk in clinic visit is scheduled to address a minor illness, or to receive immunizations, or any other care that could be performed by a primary care physician then it would not meet the definition of emergency medical care, therefore not require an AIR report.
- If you are unsure, please always default to making an AIR report as they could always be screened out if the incident does not meet the definition.

If you have any questions, please email Corby at CorbyM.Lockwood@ks.gov

2. System Updates

- a. Functional Eligibility & Waitlist Management Policy is out for public comment until August 7th - <https://www.kdads.ks.gov/home/showpublisheddocument/4927/638874665502930000>
- b. Reminder on CDDO transfer process – Many CDDOs will not offer provider choice until a transfer packet has been received from the current CDDO that contains all the necessary contact information. When you become aware of someone interested in moving to a new CDDO area, please let us know. Ensure all current case file documents are uploaded to the consumer documents in BCI for the person. The current CDDO will send a transfer packet to the new CDDO. Once the move date, new address, and new phone number are confirmed the CDDO must be informed to complete the transfer process. Transitions meetings are required for anyone moving into our CDDO area and CDDO QA Analyst Susan Davis must be invited to attend. For anyone moving out of our area to a new CDDO area, please follow the new CDDO's transition procedures.
- c. KDADS/CDDO Contract – This is still in process and waiting on final signatures. For FY 2026, Cottonwood CDDO will be getting a cut of \$17,385 in CDDO Administration funding and a cut of \$47, 114 in State Aid funding.
- d. HCBS Final Settings Rule – no updates
- e. IDD Modernization – the July 31st @ 4:30pm webinar will feature Liberty Healthcare and Maximus replacing the AAAs for the Aging & Disability Resource Center contract and HCBS assessing entity contract. For IDD Modernization workgroup members, KDADS will be hosting a debriefing meeting in early August regarding workgroup recommendations. Keep up to date on initiatives and webinars by visiting the IDD modernization website - <https://www.kdads.ks.gov/services-programs/long-term-services-supports/home-and-community-based-services-hcbs/waiver-programs/intellectual-developmentally-disabled-i-dd/i-dd-waiver-program-modernization>
 - i. MFEI – Meeting times have been averaging about an hour and 15 minutes.

1. If someone's Medicaid/HCBS case has been closed at the time of their annual re-assessment and they are actively working on getting re-instated, you need to notify the CDDO assessor **prior** to the MFEI meeting. KAMIS will not allow us to create an annual MFEI for someone not coded for the IDD Waiver, so we will need to submit a request for a special re-evaluation to KDADS, and they will need to approve it in KAMIS prior to being able to create the assessment.
2. KDADS made changes to the reports available in KAMIS so we can no longer import the assessment data into our system. Instead, CDDO assessors are uploading a PDF of the completed MFEI to the consumer's case file in BCI. Our IT department will be working on updating the document names in BCI from BASIS to Functional Assessment.
 - ii. Unbundling Day & Res – no updates
 - iii. TCM/CDDO Conflict of Interest – no updates
 - iv. Community Support Waiver – Draft versions of Appendix F Participant Rights and Appendix H system improvements are available for public comment on the CSW website - <https://www.kansascsw.com/preview-the-csw> If you want to review the service options and definitions, use this link <https://www.kansascsw.com/services>
3. Provider Sharing / Announcements – There was a question about the new KDHE reconsideration policy and no longer back-dating approvals when there is a gap in coverage due to a late review or missing information. The policy memo will be attached with the meeting minutes, but here are the specifics -

HCBS and PACE/HCBS recipients discontinued for failure to return their review or requested information may be retroactively approved back to the date of discontinuance, so long as the criteria below is met. Failure to meet any of the criteria below shall result in HCBS coverage ineligibility and coverage determined under other programs.

- a) **PRIOR MEDICAL REQUEST REQUIREMENTS** As specified in section III.A above, individuals discontinued at review for failure to return their review form who return their review form during the review reconsideration period, must request prior medical coverage to have eligibility determined. However, if the individual did timely submit their review but were later discontinued during review processing for failure to provide requested verifications, staff are to assume the individual is requesting prior medical coverage. Once staff determine that a prior medical coverage determination is needed, the requirements below must also be met before coverage can be approved.
- b) **FINANCIALLY AND NON-FINANCIALLY ELIGIBLE** The individual must continue to meet all financial and non-financial eligibility criteria, such as state residency, disability criteria, meet income and resource guidelines. This includes obtaining the ES-3159 to agree to any established client obligations greater than zero.
- c) **MEET FUNCTIONAL ELIGIBILITY CRITERIA** Individuals enrolled in an HCBS waiver program must continue to meet the HCBS level of care requirements, which is determined by KDADS, to continue receiving coverage for the HCBS waiver. Although review forms or missing verifications received during the

review reconsideration period are treated as an application, it is not necessary to obtain updated copies of the completed waiver assessment or provisional plan of care (PPOC)/Person Centered Service Plan (PCSP) when reinstating these individuals, so long as the individual was not discontinued from the HCBS waiver by KDADS. This means that an individual's HCBS or PACE/HCBS coverage cannot be reauthorized if they were previously found by KDADS or the assessing entity to not meet the functional criteria prior to coverage being discontinued for failure to return their review or requested information.

There was also a question about the "One Big Beautiful Bill" on Medicaid in Kansas. Corby shared the following information -

Congress has passed the budget reconciliation package ("One Big Beautiful Bill Act") and it is on its way to the President's desk for signature. Read the latest [bill text](#). The reconciliation package includes provisions to reduce Medicaid spending. These include (but are not limited to):

- **New HCBS waiver option:** Effective July 1, 2028, creates new 1915(c) waiver option that does not require participants to meet an institutional level of care.
- **Community engagement requirements:**
 - Adds community engagement requirements (i.e. work requirements) for Medicaid recipients beginning in early 2027
 - Requires the state to verify compliance with work requirements during regularly scheduled eligibility determinations
 - Requires the state to use ex parte processes to verify compliance.
 - Allows the state to request a good-faith effort determination to delay implementation by up to two years
 - Excludes children, adults 65+, individuals considered "medically frail," and parents/caregivers of children 13 and under or dependents with a disability
- **Provider taxes:**
 - Freezes current levels for both expansion and non-expansion states.
 - Beginning in 2028, reduces hold harmless threshold for expansion states by 0.5% every year over 5 years until it reaches 3.5%
- **Rule recissions:**
 - Places a 10-year moratorium on recent eligibility and enrollment rules
 - Places a moratorium on minimum staffing requirements in the long-term care (LTC) facility staffing rule
 - *Note:* The requirement for the state to report on payment transparency in LTC facilities are not included in the moratorium.
- **Eligibility verifications:** Requires states to conduct more frequent eligibility verifications for the expansion population (every 6 months)
- **Immigrant coverage policies:**
 - Eliminates various populations of immigrants from Medicaid eligibility, enacts 10% expansion federal medical assistance percentage (FMAP) penalty for using state-only dollars to provide comprehensive coverage or benefits, and sets emergency Medicaid FMAP at the state's base FMAP level.
 - *Note:* Previous language that would have prohibited federal financial participation (FFP) for individuals whose immigration status had not yet been determined was removed.

Corby also shared video of the Bob Bethell KanCare Oversight Committee - 7/15/25:
[Robert G. Bethell Joint Committee on Home & Community Based Services & KanCare Oversight 07/15/2025](#)

4. The Consumer Marketing List is available by contacting Angela Levy-
alevy@cwcdco.org
5. The next meeting will be on October 28th at 2pm by Teams. If you have suggestions for guest speakers, please send those to Angela.

The meeting adjourned at 3pm.
Minutes by Angela Levy