

WAIVER INTEGRATION STAKEHOLDER ENGAGEMENT (WISE) 2.0

KDADS and KDHE reconvened selected members of the WISE workgroup to work on some specific tasks needed to move the waiver integration project forward. Four focus groups were formed, from previously designated ones or from WISE membership augmented by others with specific interest and expertise. These individuals were convened on January 22, 2016, in Topeka, to begin their work. Each focus group then proceeded to meet in person or through conference calls to complete their work.

The charters for this work are detailed below.

KanCare Waiver Integration Stakeholder Engagement (WISE) Focus Groups General Charter

Leadership	Each focus group will be led by a KDADS or KDHE staff person, along with selected stakeholder facilitators.
Purpose	To provide advice and consultation to KDADS and KDHE regarding certain aspects of the Waiver Integration project, including completion of deliverables specific to each focus group that provide clear recommendations to KDADS and KDHE. This advice and consultation should be provided with the clear understanding that: <ul style="list-style-type: none"> • There is no new money for this project • Waiver Integration must be approved by CMS and there are limits on what CMS has the authority to waive
Membership	Members for each focus group will be drawn from the original WISE workgroup in order to provide adequate representation of each disability group, as well as consumers and advocates. In some cases, additional members may be included to represent a group that may have been underrepresented previously.
Resources	KDADS and KDHE shall provide or arrange meeting space and conference lines for the Focus Groups.
Meetings	Meetings will be held after January 4 and each Focus Group will meet as frequently in person or through conference calls, as needed to meet their deliverable date. All in-person meetings will be held in Topeka. All meeting locations will be accessible. A conference line will be available, but members are encouraged to attend in person whenever possible. Members may be expected to complete some work between meetings and calls.
Expectations	All WISE Focus Group members are expected to: <ul style="list-style-type: none"> • Use the Waiver Integration Priority Goal and Guiding Principles to guide their work • Attend or call into each meeting • Read and review materials, as requested • Be respectful and courteous to other members • Participate actively in discussions and allow others a chance to participate • Speak honestly, but constructively

	<ul style="list-style-type: none"> • Acknowledge contributions made by members • Listen with an open mind • Be open to differences of opinion • Take responsibility to share information from the Focus Group with colleagues, other providers and stakeholders
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Specific Focus Groups and Deliverables

Defining Service Broker/Navigator

Leadership	State Lead: Amy Swanson, KDHE Facilitators: Barb Bishop, Becky Brewer, Sean Balke
Purpose	To define the service broker/navigator service so that: <ul style="list-style-type: none"> • It is clear what the service is • It is clear how the service works for people who are eligible to receive TCM external to the MCOs • It is clear how the service works for people who do not receive TCM external to the MCOs, but receive care coordination from the MCOs • There is reduced redundancy while still meeting consumer needs • The service can be approved by CMS and be assigned a national code
Deliverable	A document that meets the requirements outlined in the purpose submitted to the State Lead by February 12, 2016

Making Supportive Employment Attractive

Leadership	State Lead: Mary Ellen Wright, KDHE Facilitators: Ron Pasmore, Sheila Nelson-Stout
Purpose	To recommend strategies and incentives for creating attractive HCB supportive employment options for both consumers and providers, including, but not limited to: <ul style="list-style-type: none"> • Improving payment rates • Methods to encourage or incentivize sheltered workshops to shift focus toward community employment options • Ways to educate consumers and families about supported employment to encourage greater consideration of the service • Ensuring that Kansas can meet the federal HCBS settings rule
Deliverable	A document that meets the requirements outlined in the purpose submitted to the State Lead by February 12, 2016

Developing a Communication/Education Plan

Leadership	State Lead: Becky Ross, KDHE Facilitators: Mike Burgess, Jennifer Schneider
Purpose	To develop a communication and education plan to: <ul style="list-style-type: none"> • Provide short, regular updates about Waiver Integration to consumers, advocates, providers and other stakeholders • Include existing communication avenues (e.g., association newsletters, scheduled conferences) to deploy messages and information about Waiver Integration • Include explicit recommendations about how to provide information to

	reach the maximum number of consumers with limited resources
Deliverable	A document that meets the requirements outlined in the purpose submitted to the State Lead by February 12, 2016

Dealing with Waiting Lists

Leadership	State Lead: Brandt Haehn, KDADS Facilitators: Lori Angelo, Jodi Patterson
Purpose	To develop a waiting list management plan which: <ul style="list-style-type: none"> • Examines the current waiting list processes • Establishes a waiting list management process • Establishes a crisis request process
Deliverable	A document that meets the requirements outlined in the purpose submitted to the State Lead by February 12, 2016

The deliverables from each group are included in this document. The recommendations contained in this document will be shared with the full WISE workgroup and reviewed by the state.

Waiver Integration Stakeholder Engagement (WISE) 2.0 Education, Training and Communications Focus Group Communications Plan Recommendations

The Communication, Education and Training Focus Group was asked to reconvene to develop a high-level communications plan for the state agencies to help with announcing the waiver integration proposal as well as the implementation. The following are our recommendations.

Training

This document does not delve into the training calendar as it was outside of the scope of our group, but we will offer the following high level comments on training:

- When rollout schedules come under time constraints, training is often compromised.
- Based on the feedback from the public forums, we want to reiterate the importance of allocating both time and resources for training.
- Allow adequate time to make changes to IT systems to be able to train agency staff, providers, and others.
 - State IT systems
 - MCO IT systems
 - Provider IT systems

General Recommendations

- Use both person first and plain language
 - The Self Advocacy Coalition of Kansas (SACK) has volunteered to help ensure communications are written in plain language.
- Regular frequency of communication
- Multiple rounds of public comment with updates by agency
 - Consider adding an additional round of public comment. This would help ensure the public is commenting on what is likely to be close to the final version submitted to CMS.
 - Although the additional round of public comment is not required, it is an opportunity to help generate good will with the public.
- Regular lunch & learns/calls with general updates on the process
 - Post videos/recordings so people who could not attend in real time could still benefit from these
- Look at lessons learned from the rollout of KanCare and other related programs
- The State of Kansas should consider delaying the implementation until July 1, 2017.
 - The tight schedule for implementation is a risk to the project.
 - There are steps that are outside the control of the State of Kansas.
 - An additional benefit would be implementation that coincides with the start of the fiscal year.
- Coordinate the sharing of information across the workgroups as well as with stakeholders outside of these groups to identify common themes.
- Please take into consideration other changes having an impact on consumers and providers, such as the current Medicaid eligibility challenges.

Target Audiences

- Waiver participants/waiting lists
 - Keep in mind unique communication needs of the people and family members for these groups

- For example using braille and large print for people who are Blind/Visually Impaired
- Another example would be to translate the communications into other languages as appropriate
- Family members/Caregivers
- Providers
- Advocates
- MCOs
- Legislators

General Announcement - Following are recommendations surrounding how the first draft of the integrated waiver amendment is initially announced.

- News release to standard media outlets
- Advocates and providers can be utilized as key dissemination points
 - KDHE should intentionally reach out to them to help promote and work with consumers
- Email – send out information from the HCBS Listserv
- Provide link that could be added to agency web sites
- Develop a “How To Participate” page as part of the general announcement
 - Depict the various ways to participate in the public comment processes
 - List all of the steps and venues to provide public comment (a graphic might be helpful)
 - Explain process to provide comments to the State of Kansas
 - Explain the process to provide comments to CMS during their public comment period
- Develop a one-page fact sheet initially and ongoing in response to emerging comments
- Announcement kit – to make it easier for others to spread the word
 - Social media share suggestions
 - Sample newsletter article
 - Include both the one-page fact sheet and the page about how to participate
 - One of the purposes of the kit is to achieve consistency of messaging

Public Comment (30 days)

- Publish draft amendment in the Kansas Register
- Post the draft on the agency websites
- There will be a number of action items in promoting the public comment period.

Public Comment Meetings/Conference calls

- Develop announcement materials
- Secure locations and dates and other logistics
- WSU will assist these

Additional Opportunities

- Train the presenter
 - Develop a presentation and then bring along others who will likely present it later
 - An opportunity to train state staff to be able to present to others
 - Be sure to vet these additional presenters. It has been problematic in other settings where presenters were not able to answer questions and ended up just taking notes to go back and get answers from leadership.
- Reach out to family groups, etc. with the speakers bureau
- Conferences

- Reach out to HCBS Listserv to ask the public to send in conferences they are aware of along with a contact person.

Sample Communications broken out by audience

Consumers

- Approximately 45-50,000 Kansans currently on the waivers or on the waiting lists
- Plain language
- Regular frequency
- Accessible communication
- Outreach Points (a few examples include)
 - Centers for independent Living (CILs)
 - Community Developmental Disability Organizations (CDDOs)
 - Aging and Disability Resource Centers (ADRCs)
 - Community Mental Health Centers (CMHCs)
 - Case Managers
 - Managed care organizations (MCOs)
 - SACK chapters
 - Families Together
 - Keys for Networking
 - Other advocacy organizations
- Focus on “How will it impact me and my life”
- Keep it simple
- Consumer education
 - Tours by KDHE – consumer specific meetings focusing on “impact to the consumer”
 - Service protections – talking about service protections for consumers
 - Basic information – what is waiver integration and how will it impact me

Both Consumers and Providers

- Create a time table with target dates – this could also be depicted visually
- Outline/Master Plan (KDHE is still working on this list of the processes)
 - (No hard dates)
- Fact Sheet (1 page)
 - Appropriate for audience
- "How to" sheet
 - Explaining how to participate in the process
 - Tips (solution oriented)
 - Waiver Integration email box
 - Phone in "help line" for those w/o email
 - Request presentation by KDHE for your area or organization
 - Depict the various ways to participate in the public comment processes
 - List all of the steps and venues to provide public comment. (a graphic might be helpful)
 - Explain process to Provide comments to the State of Kansas
 - Explain the process to Provide comments to CMS during their public comment period
- Lunch and Learn type conference calls

Providers

- Regular frequency
- Information to providers about any changes to provider qualifications and the new/changed services
- Service tables (basic information)

Communications Timeline

Although we understand there are no hard dates, our group outlined some general date ranges to create a general outline for when certain tasks should be worked on assuming a January 1, 2017 implementation date. (As we mentioned above, our recommendation is to delay implementation until July 1, 2017. Additional time would be better to allow adequate time for communication and training.)

Now through 4-1-2016	4-1-16 through 6-15-16	6-15-16 through 1-1-17	1-1-17 to 7-1-17
<ul style="list-style-type: none"> • News releases • Meetings (word of mouth) • Posting of the amendment • Public Comment • Schedule public forum dates • Fact sheets • Consumer/Family Provider • Legislators • Social Media kit • Encourage people to share with their own social networks • Legislative Committee Meetings • House/Senate Health committees, social service budget committees, Bob Bethell KanCare Oversight Committee 	<ul style="list-style-type: none"> • Local presentations by request • Post/respond to public comments • FAQs • First Round of public comments • Agency response • Second round of public comment • Establish local points of contact • Begin training 	<ul style="list-style-type: none"> • Final submission to CMS • What are we doing? • How it will work? • Children vs. Adults • Reconvene work groups (regular calls) • Steps to "go live" • Training • Service tables • Provider qualifications • Transition process (from current to the new system) • Train as early as possible <ul style="list-style-type: none"> • Providers will need time • Make changes to various IT systems 	<ul style="list-style-type: none"> • Buffer time to negotiate with CMS • Develop a unified manual • Targeted training (including training from MCOs for providers) • Time to address additional things that will come up that were not anticipated

Existing Avenues for Communication

- Facebook - SACK
- Email opportunities to Becky Ross, KDHE

- Employment First Summit
- MCO Provider Bulletins
- Providers
- Advocates
- Prepared newsletter articles
- Advocacy Groups
- Schools
- Cross sharing between work groups

Sample table to list Communication artifacts

Communication Type	Objective of Communication	Medium	Frequency	Audience	Owner	Deliverable	Format	Partners

Waiver Integration Stakeholder Engagement (WISE) 2.0 Supported Employment Focus Group Recommendations

I. Service Definitions Recommendation

In order to encourage or incentivize employment, Supported Employment must include clearly defined services that encourage individuals with disabilities and their families to seek employment, and support them once the individual obtains employment. Supported Employment should support all phases of employment for persons that are not being served by Vocational Rehabilitation (VR), including Career Exploration and Planning, Prevocational Services, Job Development and Placement, and Job Coaching. Transportation should be made available in instances where public transportation is not available, at least on a short term basis until other arrangements can be made.

The group identified the following services that should be included under Supported Employment, and defined each of these services.

Career Exploration and Planning

Career planning is a person-centered, comprehensive employment planning and support service that provides assistance for participants to obtain, maintain or advance in competitive employment or self-employment. The intent behind this service is to educate individuals, and their family/guardians/support network about the benefits of employment. This is a focused, time-limited service which engage a participant to help them identify a career direction and develop a plan for achieving competitive, integrated employment at or above Federal minimum wage. The outcome of this service is documentation of the participant's stated career objective and a career plan used to guide individual employment support.

Career exploration includes the following:

- establishing rapport with the individual, family and support network
- interviewing the individual, family and support network to determine desired outcomes
- referring the individual and family/guardians/support network to a Benefits Specialist for benefits information
- an individualized assessment process in which the provider identifies the individual's strengths, interests, abilities, aptitudes and learning styles
- observation of the individual participating in typical activities in familiar settings such as home, neighborhood, recreation, school, work, volunteer jobs; neighborhood
- employment-focused community-based situational work assessments, vocational theme exploration, job shadowing or informational visits to work sites to determine compatibility, likes and dislikes
- identification of vocational preferences and selection of a vocational objective

Prevocational Services

Pre-vocational Services are individualized services/supports that assist persons to develop or reestablish the skills, attitudes, personal characteristics, interpersonal skills, work behaviors, functional capacities, etc., that are described in the individual's person centered services and supports plan and designed to lead to integrated competitive employment. Services are expected to occur over a defined period of time. Specific outcomes to be achieved are identified by the individual and his/her planning team through an ongoing person-centered planning

process. Prevocational services should enable each individual to attain the highest level of work in the most integrated setting possible; and with the job matched to the individual's interests, strengths, priorities, abilities, and capabilities, while following applicable federal wage guidelines. Participation in prevocational services is not a required pre-requisite for individual or small group supported employment services provided under the waiver. Many individuals, particularly those transitioning from school to adult activities, are likely to choose to go directly into supported employment.

Pre-vocational Services are intended to teach and help individuals to develop general skills such as:

- Attendance and punctuality
- Grooming skills, hygiene and appropriate work attire
- Money management
- Time management
- Mobility
- Job seeking skills such as interviewing, completing applications, finding suitable employers
- On the job performance skills relating to quality and quantity of work
- Functional literacy skills
- Ability to follow directions
- Workplace problem solving skills
- Attention to task
- Work endurance
- Knowledge of work practices such as payroll deductions, insurance, benefits, safety, unions, and retirement
- Work-related academic skills
- Work-related communication skills
- Work-related interpersonal skills, including conflict resolution and anger management
- Work ethics
- Corporate or work culture, including things such as chain of command, work relationships, and grievance procedures
- Customer service
- Self-advocacy and assertiveness skills training

Individuals receiving pre-vocational services may participate in volunteer programs and internships, and receive services such as Job Coaching, in order to apply the skills they are learning. Although participation in pre-vocational services is intended to be time limited, services may be re-authorized as needed, consistent with needs as identified within the person centered support plan. Individuals who are working may be referred for Pre-Vocational Training in skill areas where they are exhibiting weakness in order to obtain employment.

Job Development and Placement

Job Development is a service that results in the person with a disability obtaining individualized competitive integrated employment that matches the interests and desires of the person served. Successful job development concurrently uses assessment information about the strengths and interests of the person seeking employment to target the types of jobs available from potential employers in the local labor market. Typical job development activities may include:

- Job development planning
- Contacting employers and building networks of job opportunities
- Providing access to current job opportunities
- Work-site analysis
- Job site consultation to identify and modify barriers to employment
- Negotiating job carving, job accommodations, and/or job sharing
- Identification and use of natural supports in the workplace
- Analysis of transportation options and needs related to specific available employment
- Assisting job applicants in finding jobs and employers well-matched to their employment goals
- Education and support in self-directed job searches
- Information pertaining to the Americans with Disabilities Act and the Equal Employment Opportunities Act
- Disability awareness education to the employer
- Provide the information needed by the person served to be appropriately oriented to the job and the employer's work culture
- If approved by the person served, provide the employer with information about job modifications, assistive technology, and/or job accommodations; information about federal or state employer tax credits, if applicable; and support available from the provider organization and how to make contact with them
- Identification of additional resources and services necessary to maintain employment such as independent living skills

Job Coaching

Job coaching services include establishing relationships with employers, and facilitating training on-the-job in order to assist the individuals to learn specific job tasks and problem-solving skills. Activities include assisting and mentoring individuals to:

- Become oriented to their place of employment and job responsibilities until the individual is stable in the job
- Train on specific job duties until the person is able to perform those duties to the specification of the employer
- Adjust to the specific place of employment
- Assess the need for job accommodations and/or assistive technology
- Learn the company's requirements for safety on the job
- Improve quality and/or increase quantity of work
- Develop mobility skills
- Develop job related communication skills
- Learn the appropriate soft skills such as attendance and punctuality expectations, grooming skills, appropriate hygiene, wearing appropriate work attire, time management, accepting direction from supervisors, getting along with co-workers, and developing work ethic.
- Understand corporate or work culture, including things such as chain of command, work relationships, and grievance procedures
- Identify support needs on and off the job
- Identify natural supports and community resources to meet identified support needs
- Develop a support network, and learn to use the support network and community resources independently

- Identify transportation options and train the person to use these as independently as possible
- Determine whether and how to disclose their disability
- Understand how to use a personal assistant at work
- Self-advocate, particularly related to requests for reasonable accommodations, assistive technology and environmental modifications
- Seek feedback from the employer on his/her satisfaction job performance

A Job Coach may also work with the employer and individual to address issues that may arise such as personal hygiene, punctuality and attendance, inappropriate work behaviors and symptoms management for individuals with behavioral health issues. A Job Coach may provide specific disability awareness training for supervisors and co-workers in order to facilitate successful integration of the individual into the workplace, as needed and requested

Individual Employment Support

These services that are job-related and provided to participants who need intensive on-going support to maintain an individual job in competitive or customized employment, or self-employment. With the exception of self-employment, the job is located in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Individual Employment Support services are individualized and may include support and instructions in any combination of the following areas:

- Become re-oriented to the place of employment and as job responsibilities as they may change over time
- Ongoing identification of changing support needs both on and off the job
- Ongoing identification and awareness of new natural supports and community resources which may meet identified new support needs
- Ongoing assessment and training to use their support network and community resources independently
- Provide assistance to maintain transportation options as needed, and to use these as independently as possible
- Maintenance of job skills, including re-training needed to improve performance skills affecting quality and quantity of work
- Ongoing assessment for assistive technology, accommodations or environmental adaptations
- Ongoing practice of job safety
- Ongoing consultation and training to the employer, assisting the employer to problem solve if performance problems arise such as attendance and punctuality expectations, grooming skills, appropriate hygiene, wearing appropriate work attire, time management, accepting direction from supervisors, getting along with co-workers, and following work ethic expectations
- Assist the individual to maintain social relationships with co-workers as co-workers may change over time
- Advocate with the employer for opportunities for job upgrades, hours of work, and career advancement within the company

- Advise when change occurs within corporate or work culture, including things such as chain of command, work relationships, and grievance procedures.
- Ongoing communication with governmental and community service agencies that support work success
- Provide support related to health maintenance and medication management.
- Facilitate opportunities for service recipients to develop social networks outside of work

Small Group Employment Support

These are services and training activities provided in a competitive and integrated business, industry and community setting, paid at federal minimum wage, for groups of two (2) to eight (8) workers with disabilities. The structure of the setting should promote integration and interaction between participants and people without disabilities in the workplace. The desired outcome of this service is sustained paid employment and work experience leading to further career development and individual integrated community-based employment for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. This service must be provided in compliance with the CMS Final Rule and reviewed/reauthorized on a regular basis.

Small Group Employment Support services individualized and may include any combination of the support and instruction offered under Employment Support – Individual. (See above)

II. Payment Methodology/Rates and Other Recommendations

1. Improving payment rates

The Supported Employment Focus Group is recommending that Kansas establish a rate structure that ensures that Kansas will no longer have the lowest reimbursement rate in the nation for Supported Employment. This can be accomplished by re-structuring rates so that providers are financially incentivized to provide employment services and placement in community settings. Some states have already re-balanced their systems from group placements in day programs to individual and small group placements in competitive, integrated employment. Kansas should identify best practices in other states in regard to rate structures to help determine what would work best in Kansas.

Specifically, the group is recommending the following:

Fee for Service Rates - Establish an hourly rate for face-to-face support that covers the cost of providing the Supported Employment service.

- An hourly rate that includes the full cost of providing the service.
- A rate structure for both individual and group models of supported employment in competitive integrated settings, with a higher rate paid for the individual model
- Re-balancing of funds from center-based services to competitive, integrated employment be done on a gradual basis over the five years of waiver approval in order not to harm persons continuing in those services. **See “A Simple to Use Rate Methodology,” Stephen Hall, PhD, Griffin Hammis Associates, June, 2015.**

Reward Providers for Outcomes- Establish a payment systems that focuses on positive employment outcomes, such as an increased payment for clients who work more hours and

have good job retention. It will be important to include the requirements for documentation to justify payment.

- Pay for long term supports on the basis of the number of hours worked on the job. This way providers are incentivized to not only maintain the placement, but also to increase the number hours employed. For example, Oklahoma reimburses long term supports in this manner.
- Long term supported employment payments should cover the cost of maintaining the capacity to monitor performance issues for a caseload (no more than 20), and maintain strong partnerships with community employers (the real key to keeping people employed).
- To be a true incentive, payments for long term Supported Employment must be significantly higher than if that person were in non-integrated employment, or supported community unemployment programs (Iowa, Oklahoma, New Hampshire, Tennessee, Washington, and Michigan are a few examples).
 - Include a differential rate between individual and group placements.
 - Pay for long term supports for the life of the job, if the individual demonstrates a need for these services.

2. Methods to encourage and incentivize sheltered workshops to shift focus toward community employment outcomes include:

- Setting an annual goal for a % of people who are interested in community employment to move into supported employment.
- Implementing an incremental rebalancing plan that would result in a gradual shift of funds from center-based and other waiver savings to community-based employment or non-work.
- Identify a funding source for technical assistance that is available for providers to assist with systems transformation.

3. Ways to educate consumers, families, and guardians about supported employment to encourage greater consideration of the service

- Allow individuals on the waiting list who want employment to access waiver services that will help them get and maintain their employment. In addition to Supported Employment, this may include services that focus on independent living skills and transitional living.
- Allow initiation of Medicaid Supported Employment services 45 to 60 day before the person leaves VR to assure continuance of services so people don't lose employment
- Include benefits planning under Career Exploration (or whatever term we come up with) so that everyone has accurate information.
- Create a system that is flexible and person centered and allows everyone to work together on employment outcomes.
- Utilize career exploration services to address fears and concerns of guardians/family regarding health and safety, which often become barriers to consideration of integrated, competitive employment.
- Provide information about community employment to people on the waiting list and their guardians/family members. This could be done using a multi-media approach.

- Use the person centered planning process to identify barriers to employment and discover what it would take for individuals and their guardians/family members to consider community-based employment.
- Create collateral information that can be utilized by many (providers, schools, MCOs, CILs, ADRCs, CDDO's and others) that contains specific educational information about going to work. Would include things like:
 - general employment information
 - resources available to people who are of working age
 - benefit information
 - health related employment information
 - information and referral regarding whom to contact (*Working Healthy*, Social Security, VR, Etc.)
- Collect success stories that people could access as they begin to think about employment.
- Make career exploration/discovery available to youth up to 21 through the waiver within the year prior to graduation. We believe this will result in savings to the state because people would avoid more costly additional services.
- Encourage people with disabilities and family members to attend the Employment First Summit, Family Employment and Awareness Training (FEAT), and other informational conferences and trainings where a focus on employment is occurring.

4. Ensuring that Kansas can meet the federal HCBS setting rule

The Focus Group believes that if the above recommendations are implemented, it will result in Kansas meeting the federal HCBS Final Rule.

Waiver Integration Stakeholder Engagement (WISE) 2.0 Support Broker Focus Group Recommendations

The team was assigned to define the service tentatively called support broker as recommended by the services focus group during the first round of the Waiver Integration Stakeholder Engagement process. The focus group included members representing all of the current HCBS waivers although there was a greater representation from the I/DD waiver. The group met three times, January 22, January 29 and February 8 with contact by phone and email between meetings.

The major assumption for our work was that both targeted case management (TCM) services and managed care organization (MCO) care coordination would continue to be provided at the current level of service. The group started by defining the services currently provided by MCO care coordinators and by identifying gaps where supports are not currently available. We also determined that additional information about the position of service broker was needed to determine if this position as defined by CMS and other states would meet the needs in Kansas. Members of the group agreed to research other states and CMS guidelines as well as contact other stake holders who would bring additional insight to the task.

The group reviewed the information shared from other states and continued to build the record of service gaps. The focus group determined that the title 'support broker' had been defined by other states as providing supports and information for people who received participant directed funding. Many of the tasks under this definition were being performed in KS by the FMS provider or by an I/DD case manager for people in that population. The group decided not to use that term for the proposed position as it did not adequately describe the actual supports to be provided. The group proposed the title of Transition, Employment and Resource Facilitator (TERF) rather than Support Broker.

The final list of responsibilities for this position was compared to that of an I/DD targeted case manager to assure that there were no duplications. A set of guiding principles was added to better define the position and the assumptions made by the focus group. The revised list of responsibilities and the guiding principles were then sent out to the group for final review before submission to the state.

Guiding Principles

- The consumer will choose who provides TERF services from a list of organizations/individuals that meet provider qualifications and are approved to provide this service.
- A qualified organization could provide TERF services to multiple disability populations or could choose to specialize in one specific area such as the Deaf Population or seniors. The consumer may choose to receive TERF services from a qualified organization from which they are currently receiving other HCBS, home health, or TCM services.
- TCM services will continue as it is currently provided. TERF services do not replace Targeted Case Management services and may not duplicate services provided by TCM. A qualified consumer can have both TCM and TERF services if needed.
- TERF services would not replace current services to special populations such as wraparound services for children with SED or Transitional Living Specialist services for people diagnosed with Traumatic Brain Injury.

- The consumer and support network including the MCO care coordinator would determine the tasks needed from TERF. It is not anticipated that an individual would need all possible TERF tasks. Tasks provided would be determined based on consumer choice and needs.
- The consumer and MCO case coordinator with input from the individual's support network as needed would determine the length of service. Most individuals would need intensive time limited service during a crisis or transition; some may need limited ongoing supports to maintain services and avoid crisis situations. People with I/DD who have TCM services would not be eligible for ongoing TERF support.

Responsibilities and Tasks

Transition Services

- Provide support at times of major transitions
 - School to adult services
 - Hospitalization to home
 - Incarceration to home
 - Nursing home to home
 - Other senior care program to HCBS
 - Exiting foster care
 - Other major life changes such as loss of primary support person, loss of home, etc.
 - Newly approved to HCBS
- Assist care coordinator in providing information about services and providers
- Arrange and attend, if requested, tours and interviews of possible service providers
- Identify informal supports available to the individual.
- If requested, aid in establishing a representative payee.

Documentation Support

- Aid in recertification for KanCare, Social Security
- Aid in applications for Section 8 housing certification. Vocational Rehabilitation, etc
- Aid with finding needed personal documentation such as social security cards, birth certificates,
- Partner with FMS provider in assuring that the individual has the skills needed to hire, fire, and direct services
- Partner with FMS provider in assuring that the individual can identify issues of abuse, neglect and exploitation
- Partner with FMS provider in establishing an account with the direct support database

Employment Support

- Identify steps and supports needed to find employment
- Access needed services and job readiness skill training
- Assist with training of appropriate social skills
- Facilitate contact with benefits specialist if needed
- Offer short term on site support for job interviews and job training where appropriate
- Aid with notification of income change with Social Security, KS Medicaid, Section 8 housing, etc.

Housing Support

- Aid in finding, touring housing (apartment, rental home, etc)

- Help in securing needed furnishings,
- Facilitate set up of utilities
- Assist with creating a budget and any necessary fiscal arrangements for ongoing payment of rent and utilities (electronic bill pay, direct deposit, etc.)
- Provide supports needed to maintain housing

Assistive Technology

- Provide local resources for home modifications; aid in applications for service and in documenting denials for possible HCBS application if needed
- Support contacting resources and applications for assistive equipment including private insurance when applicable.

Support Coordination

- Facilitate choice making and independence
- Aid in accessing transportation both public and informal unpaid
- Aid in arranging medical and mental health appointments including transportation
- Aid in identifying and scheduling informal supports
- Serve as liaison between person and MCO care coordinator
- Assist with grievances and appeals
- Help individual and family with identifying who and how to contact in case of problems
- Partner with MCO in follow up after crisis or AIR issues
- Provide training for individual to maintain services and find resources for future needs
- Provide on-going support to maintain quality services.

Targeted Case Manager/Care Coordinator/TERF Responsibilities

TASK	TCM (per TCM Power Point and letter dated October 1, 2013)	MCO CARE COORDINATOR	TRANSITION, EMPLOYMENT, RESOURCE FACILITATOR
Assessment	Assess an individual to determine service needs including completion of the assessment instrument	Assessment of services (whole person)	
		Assess individuals in crisis	
		Offer institutional options	
	Tasks that are <u>NOT</u> components of TCM: Targeted Case Management does not include Direct Services. Direct Services including, but not limited to: Providing transportation to the service for which the individual is referred Escorting the individual to a service or other activity. Providing child care so that an individual may have access to a service.	Coordinate deinstitutionalization	Provide hands-on support at times of major transition (hospital/incarceration/nursing home to community)
	Develop Plan of Care based on assessment and specify goals and actions to address the medical, social, education, and other service needs of the individual.		

Targeted Case Manager/Care Coordinator/TERF Responsibilities

TASK	TCM (per TCM Power Point and letter dated October 1, 2013)	MCO CARE COORDINATOR	TRANSITION, EMPLOYMENT, RESOURCE FACILITATOR
Eligibility		Complete 3160 and 3161 – used to communicate eligibility changes (WORK, Working Healthy, MFP, Waivers)	Complete re-certification paperwork for eligibility
Transition Services	<p>TCM does <u>NOT</u> include transition services.</p> <p>Transition services are limited pending a review of CMS guidance related to this service.</p> <p>Transitions Services provided when someone is transitioning from hospital, nursing facility or intermediate care facility, the service should be limited to assistance locating (referrals) and facilitating the process from institutional care to community. (referral component).</p>		Assist with navigation of the system to include arranging and attending tours and interviews with potential service providers
	<p>Transition services can begin during the last 60 consecutive days of a covered, long-term, institutional stay that is 180 consecutive days or longer in duration.</p> <p>For covered, short-term institutional stay of less than 180 consecutive days, individuals may be considered</p>		Provide hand-on support at times of major transition (School/foster care to adult services, Newly approved for HCBS)

Targeted Case Manager/Care Coordinator/TERF Responsibilities

TASK	TCM (per TCM Power Point and letter dated October 1, 2013)	MCO CARE COORDINATOR	TRANSITION, EMPLOYMENT, RESOURCE FACILITATOR
	<p>to be transitioning to the community during the last 14 days before discharge.</p> <p>Payment would not be available until after the person leaves the institution, has been assigned with the case management provider, and is receiving medically necessary services in a community setting.</p>		
			Aid in finding, securing and maintaining housing
			Help in securing needed furnishings and setting up utilities
			Assist with creating a budget and any necessary fiscal arrangements for ongoing payment of rent and utilities (electronic bill pay, direct deposit, etc.)
			Transitional Care Services for non-MFP and when MFP ends
Documentation and Self-Direction			Aid in applications for Section 8 housing certification, Vocational Rehabilitation, etc.

Targeted Case Manager/Care Coordinator/TERF Responsibilities

TASK	TCM (per TCM Power Point and letter dated October 1, 2013)	MCO CARE COORDINATOR	TRANSITION, EMPLOYMENT, RESOURCE FACILITATOR
Support			Aid with finding needed personal documentation such as social security cards and birth certificates
			Partner with FMS provider in assuring that the individual has the skills needed to hire, fire, and direct services
			Partner with FMS provider in assuring that the individual can identify issues of abuse, neglect and exploitation
			Partner with FMS provider in assuring that the individual can identify issues of abuse, neglect and exploitation
			Partner with FMS provider in establishing an account with the direct support database
Assistive Technology			Provide local resources for home modifications; aid in applications for service and in documenting denials for possible HCBS application if needed
			Support contacting resources and

Targeted Case Manager/Care Coordinator/TERF Responsibilities

TASK	TCM (per TCM Power Point and letter dated October 1, 2013)	MCO CARE COORDINATOR	TRANSITION, EMPLOYMENT, RESOURCE FACILITATOR
			applications for assistive equipment including private insurance when applicable.
Employment Support			Identify steps and supports needed to find employment
			Access needed services and job readiness skill training
			Assist with training of appropriate social skills
			Facilitate contact with benefits specialist if needed
			Offer short term on site support for job interviews and job training where appropriate
			Assist with notifications of income change with Social Security, KS Medicaid, Section 8 housing, etc.
Coordination of Community Supports	Referral and Related Services to help an individual obtain needed services, including: Activities that help link the individual with medical, social, or educational	Refer to and establish services with other providers	Utilize quality data as a tool to help individuals make an informed choice of service providers

Targeted Case Manager/Care Coordinator/TERF Responsibilities

TASK	TCM (per TCM Power Point and letter dated October 1, 2013)	MCO CARE COORDINATOR	TRANSITION, EMPLOYMENT, RESOURCE FACILITATOR
	providers;		
	Activities that help link the individual with other programs and services that are capable of providing needed services, such as making referrals to providers for needed services, and scheduling appointments for the individual;		
	Reporting to adult protective services and/or law enforcement any suspected abuse, neglect or exploitation of the individual or assisting the individual with acquiring needed supplies in an emergency when informal or formal supports are not available. This means assisting to acquire, NOT providing a direct service.		
Service Delivery	Tasks <u>NOT</u> components of TCM: Administrative Activities integral to other non-medical programs and fundamentally non-Medicaid entities such as: Foster care program	Manage Client Obligation	Identify informal supports and if requested, a representative payee Aid in applications for Section 8 housing certification, Vocational Rehabilitation

Targeted Case Manager/Care Coordinator/TERF Responsibilities

TASK	TCM (per TCM Power Point and letter dated October 1, 2013)	MCO CARE COORDINATOR	TRANSITION, EMPLOYMENT, RESOURCE FACILITATOR
	Parole and Probation Public Guardianship Special Education Development of IEP or IFSP Child Welfare and Protective Services Applying for food stamps, for a payee or guardian.		Aid with finding needed personal documentation such as social security cards and birth certificates
		Identify Care Gaps	
		Provide In Lieu Of and Value-Added Services	
Plan Development	Develop Person-Centered Support Plan	Develop Integrated Service Plan	
		Advocate for individual goals and preferences for service planning	Assist with advocacy
Support Coordination	Expanding the service options available by encouraging the informal supports and formal service providers to be more flexible, and also seeking new or non-traditional resources and services. Promoting the enrollment of new		Facilitate choice making and independence

Targeted Case Manager/Care Coordinator/TERF Responsibilities

TASK	TCM (per TCM Power Point and letter dated October 1, 2013)	MCO CARE COORDINATOR	TRANSITION, EMPLOYMENT, RESOURCE FACILITATOR
	providers on behalf of individuals		
	<p>Tasks that are <u>NOT</u> components of TCM:</p> <p>Targeted Case Management does not include Direct Services. Direct Services including, but not limited to:</p> <p>Providing transportation to the service for which the individual is referred</p> <p>Escorting the individual to a service or other activity.</p> <p>Providing child care so that an individual may have access to a service.</p>		Aid in accessing transportation both public and informal unpaid
			Aid in arranging medical and mental health appointments including transportation
			Aid in identifying and scheduling informal supports
			Serve as liaison between person and MCO care coordinator
	Tasks that are <u>NOT</u> components of TCM:		Assist with grievances and appeals

Targeted Case Manager/Care Coordinator/TERF Responsibilities

TASK	TCM (per TCM Power Point and letter dated October 1, 2013)	MCO CARE COORDINATOR	TRANSITION, EMPLOYMENT, RESOURCE FACILITATOR
	Adult Protective Services Legal Representation: Representation at an appeal, dispute resolution, or in court for legal matters Preparation or response to a State Fair Hearing or other legal proceedings Attendance at court proceedings. Serving legal papers		
			Help individual and family with identifying who and how to contact in case of problems
			Partner with MCO in follow up after crisis or AIR issues
			Provide training for individual to maintain services and find resources for future needs
			Provide on-going support to maintain quality services.
Monitoring and	Ensure the care plan is implemented and adequately addresses the		

Targeted Case Manager/Care Coordinator/TERF Responsibilities

TASK	TCM (per TCM Power Point and letter dated October 1, 2013)	MCO CARE COORDINATOR	TRANSITION, EMPLOYMENT, RESOURCE FACILITATOR
Follow-up	individual's needs, and which may be with the individual, family members, providers, or other entities.		
	<p>Ensure services are being furnished in accordance with the individual's plan of care; The services in the care plan are adequate and there are changes in the needs or status of the individual as set forth in the POC.</p> <p>Monitoring includes identifying changes in the needs and status of the individual;</p> <p>Monitoring and follow-ups include making necessary adjustments in the care plan and service arrangements with providers;</p> <p>Documenting all pertinent information related to the tasks completed.</p>		

Waiver Integration Stakeholder Engagement (WISE) 2.0 Waiting List Focus Group Recommendations

Recommendations for Process to Manage the Waiting Lists

1. “Integrity before integration of the waivers”. Current waiting lists must be examined to ensure all individuals previously identified as requesting and needing waiver services are on the list now. (KDADS committed to verifying the accuracy of these lists prior to May 1, 2016.)
2. A standard process for ongoing reconciliation of waiting lists to include current addresses and contact information for those waiting should be developed and maintained by a centralized office. It is recommended KDADS include MCOs and stakeholders in the development of this process.
3. Local input is needed to identify and approve individuals who need waiver services. After an individual is approved, the KDADS Program Manager will add the person to the appropriate waiting list.
4. Central management of waiting lists should be the responsibility of KDADS.
5. An integrated technology system is needed to manage the information of waiver recipients, proposed recipients (waiting lists) with the purpose of increased accuracy and reduced errors and inefficiencies.
6. The KAMIS system should be updated and modified to ensure accuracy of information and increased accessibility by users.
7. Ultimately, all waiting lists should be eliminated by providing services to those in need. Those presently waiting to be served should be allocated services using a significant portion of KANCARE savings while maintaining the current populations served on the HCBS waivers.

Recommendations for Crisis Requests Process

1. The IDD Crisis Request process should be redesigned to reduce barriers that occur in the review process that are not present in other waivers’ crisis process. The barriers of most concern are:
 - a. The quality, subjectivity and length of the narrative accompanying the request.
 - b. The layers of review that are required before a decision can be made – i.e. CDDO, KDADS, and MCO – which translates into the length of time before a person may receive needed services.
2. To attain this goal, it is recommended that TCM, CDDO, and KDADS staff form a small workgroup to review the current form and process used by other waivers – specifically the PD waiver. Their goal should be to develop an application form which clearly presents the individual’s immediate need for service in an objective manner and a process which allows for review to occur in a timely manner. A list of individuals for this proposed workgroup follows:

Brandy Hatheway, CDDO Director, Tri-Ko, Inc.
Cindy Wichman, Director CDDO, Big Lakes
Sherry Arbuckle, Sedgwick County CDDO
Jill Montaleone, CDDO Access Specialist
Mike Oxford, CIL Director, Topeka Independent Living Resource Center
Lorie Angelo, Rainbows-TCM rep
Kathy Reed, OCCK-TCM rep
Tim Wood, Johnson County CDDO
KDADS staff as assigned