Introductions & Member Updates/Openings
Welcome to Amanda Fletcher, the new plan coordinator for Arcare.

Shelly May introduced the new Quality Assurance Coordinator, Seth Kilber. Seth has started meeting providers and attending meetings with Anna McNamara and Sheri Kendall.

Sheri Kendall has been working on the affiliate network dashboard on the CDDO website. This dashboard will feature TCM, PCS/SHC, Residential and Day providers. She hopes to unveil this new tool at the August affiliate meeting. Please continue to notify Sheri when you are open/closed for referrals.

Martha Fleming a JCDS case manager will be retiring after 29 years of service. Colette Crist a JCDS Team Leader will be taking her place.

Marilyn Kubler with Jenian, Inc. gave an update on the PACK meeting held July 12th concerning some proposed TCM changes. It was well attended with five legislators and over 100 families. Keep an eye on SB232 that deals with carving out the I/DD waiver from KanCare.

Welcome to Kim Mason, a new case manager for A Step Above and Quinn McCue with Case Management Services.

Life Centers of Kansas will open a new senior based program named R’NEW in August. Some of the individual currently served in their community based day services/volunteer program are moving over to R’NEW. There will be openings in both day services programs, and Lifecenters is offering tours and taking referrals now. A flyer is attached with the minutes.

Open for referrals:
- CLO - four openings in their Olathe semi-independent living 785-979-1922
- The Sweet Life - RS openings 913-825-1233
- Happy Sun Care – DS and RS openings 913-499-8693
**Guest Presenter**
Kasey Considine, with The Disability Rights Center (DRC) of Kansas shared advocacy efforts regarding recent issues with food stamp denials for individuals receiving residential services in Johnson County. Please contact her if you or your client is a food assistance beneficiary in need of legal assistance. 785-273-9661 or kasey@drckansas.org Her power point presentation is attached with the minutes.

**CDDO Updates**
The MFEI pilot in Johnson County is scheduled for August and September. Annie, Susan, Jade, Monica, the BASIS assessors along with Jill Montaleone will be conducting the new assessments.

Registration is now open for the Fall I/DD Provider Summit: A Day with Derrick Dufresne. Derrick’s presentation will focus on positive behavioral supports, establishing professional boundaries and quality of life issues – meaningful relationships, overcoming low expectations, etc. Here is a preview: https://www.youtube.com/watch?v=WWBZp4afQBI. The flyer and registration form will be sent with the minutes. No cost to attend – includes lunch. All affiliates and their staff are encouraged to attend.

**State Updates/Workgroups/Policies**
The AIRS policy is closing for public comment on July 14th. The CDDO will be voicing concerns on the 24 hour reporting requirement, the duplicative process, and lack of access to AIRS for CDDOs. Email comments to: KDADS.HCBS-KS@ks.gov.

Questions on the Background Check Policy continue regarding conditional offers, list of offenses, the streamlining process, timeliness of getting reports back, and the strain on providers to get employees. There also are issues with CMS requirements vs. KDADS policy. Please continue to voice concerns with KDADS.

The IPCSP policy was pulled after CMS and KDADS received over 400 responses. Amy Penrod who replaced Brandt Haehn will rewrite the policy and pledged to include provider input.

The next KanCare Oversight Committee Meeting is August 22nd and 23rd.

**Advocacy Update**
Jody Hanson, JCDS Community Relations gave an update on the Kansas Legislative Session wrap-up. Her notes are attached with the minutes.

The 4% TCM rate restoration is effective 7/1/17. This 4% restoration also includes ICF I/DD reimbursement rates.

HCBS Rate Increase is effective July 1st. Below is the link to the new day/residential rates but all HCBS services are increased by 3%.
https://www.kmap-state-ks.us/Documents/Content/Provider/HCBS_IDD_Rates.pdf

**Upcoming CDDO Meetings/Trainings – RSVP to Gail Lauri gail.lauri@jocogov.org**
2017 BASIS Training Dates – All affiliates are welcome and encouraged to attend.
- 10.5.17 from 10:00-11:30, Room 111 at the Elmore Center.
Next Johnson County Affiliates Meeting – August 10, 2017
KU Edwards Campus
Regnier Hall Room #255
FALL I/DD SUMMIT:
A DAY WITH DERRICK DUFRESNE

Schedule of Events:

9:30-10:00  Registration
10:00-12:00  Session One
12:00-1:00  Lunch
1:00-3:00  Session Two

About the Presenter

Derrick Dufresne is the founder and a Senior Partner of Community Resource Associates, Inc. (CRA), a training and management consulting firm that is dedicated to promoting full community inclusion for individuals with disabilities. He is dedicated to implementing best practices in transforming service delivery systems, and committed to teaching the concepts and principles of person centered planning in a Medicaid environment. He possesses a wealth of knowledge and experience in financing and subsidies, and has utilized creative approaches to establishing affordable integrated housing for individuals with disabilities throughout the United States.
I/DD Provider Fall Summit: A Day with Derrick Dufresne
Registration 9:30 - 10:00
Session One 10:00-12:00
Lunch 12:00-1:00
Session Two 1:00-3:00
October 12, 2017 10:00 - 3:00
Arts & Heritage Center, Event Space One
8788 Metcalf
Overland Park, KS 66212

Name: 
Title: 
Agency: 
Address: 
Phone Number: Email: 

Registration deadline is October 6, 2017.
Lunch will be provided. Please indicate if you prefer a vegetarian option. ☐
Return this form to Gail Lauri. Gail.lauri@jocogov.org
Gail Lauri
Johnson County CDDO
10501 Lackman Road
Lenexa, KS 66219
913-826-2509

Please indicate if you need any special accommodations to participate in the training by September 1st: ______

This is a form you can fill in from your computer. Just hit tab to get to the next field. You may also just print and fill out manually.
July 13 legislative report to JoCo Affiliates
Wrap up

Bills that passed this session

Budget and revenue
This session the legislature passed a tax and revenue policy that repealed the LLC and small business tax exemption and ended the “march to zero” for income taxes. The bill raises $591 million in FY 18 and $633 million in FY 2019.

The budget bill for the next two fiscal years was passed and contains the following key features:

- HCBS waiver rate increases of 3 percent in FY 18 ($20 million) and 4 percent in FY 19 ($22 million).
- 2.5% raises for public employees with less than five years’ experience and 5% for those with more than five years; 2-5% raise for the judicial branch.
- Added over $15 million in FY 18 and $17 million in FY 19 for mental health services in the state hospitals and community services in addition to additional funds for Osawatomie State Hospital.

We heard today (July 13) confirmation that all three MCOs are using the new rates that have been published in KMAP. So far we have just seen new rates for day and residential services but we will keep our eye out for other I/DD services.

https://www.kmap-state-ks.us/Documents/Content/Provider/HCBS_IDD_Rates.pdf

- The approved budget includes a proviso requiring KDHE/KDADS to create quarterly reports with the following information on all seven HCBS waivers. (1) actual/projected expenditures; (2) actual and projected numbers of persons served; (3) average cost per member served; and (4) summarized encounter data.
- We supported another proviso in the budget that Governor Brownback line-item vetoed. It would have stopped the state's Request For Proposal for Aging and Disability Resource Centers that could change the way intake and assessment for all HCBS waivers, including I/DD, occur. Concerns were raised that this RFP was released without meaningful stakeholder input about the desired need and outcomes from such a change. However, our work advocating against the RFP resulted in this passage from his veto message:

"Mindful of the long-term impact that policy changes have on Kansans served through the HCBS waivers, my administration will not integrate or consolidate the Medicaid HCBS waivers, nor will we make substantive changes to the intake/assessment/referral system for the HCBS I/DD waiver, without meaningful engagement with stakeholders and approval from the Legislature."

*Roll back of 4% Medicaid cuts through HMO/MCO privilege fees*
This was part of a conference committee report on HB 2097, signed by the governor on June 15. It increases fees on all HMOs from 3.31% to 5.77%. The priority of the revenue is to restore the 4% allotments from 2016 to state Medicaid services, effective July 1, 2017, including cuts to Targeted Case Management. The rest will go towards the Community Mental Health Center improvement fund.

*KanCare process and contract requirements (establishes new rules for the MCO's.)*
This creates into law processes for MCOs providing Medicaid services and also creates an external independent third-party review process. Examples of processes:

- Provide accurate and uniform patient encounter data to providers within 30 calendar days of request.
- Develop uniform processes and forms for credentialing providers.
- Create caps on administrative spending for MCOs

This bill was signed by the Governor on April 24.

*Joey Weber Act: People with certain disabilities, motor vehicle registration information and notification on state-issued identification cards*
Providing for a placard, license plate decal and identification card for persons needing assistance with cognition; also providing for a notation on state-issued drivers’ licenses and identification cards. Signed by the Governor on April 7.

*Providing for an Autism awareness distinctive license plate.*
Creating distinctive license plates for autism awareness and the Kansas 4-H foundation Signed by Governor April 12, 2017

*Bills to watch next session*

**SB 232: DDRA bill**
Amendments to the Developmental Disabilities Reform Act. This bill has a fiscal note and there aren’t any expenditures tied to removing I/DD from KanCare other than the annual rate increases. Referred to Ways and Means in March 2017.

**SB 228: Enacting the Kansas Medicaid reform act.**
Any future Medicaid changes must be approved by the legislature. This is essentially federal block grant protection. InterHab has been working with the Disability Rights Center on a bill to accomplish this. Referred to Public Health and Welfare in March 2017.

**HB 2047 Transfer of the inspector general to the office of the attorney general**
Passed the House in Final Action March 28. With the Senate Public Health and Welfare committee
HB 2294: Requiring targeted case management for recipients of home and community based services

Referred to Committee on Health and Human Services

Establishing an independent home and community based services ombudsman.
HB2299: With Committee on Health and Human Services
SB 160 Committee Report recommended bill be passed by Committee on Public Health and Welfare

Federal Health Care legislation

Senators are working on revisions to the Better Care Reconciliation Act to attract more Republicans but we’re hearing that the $700 billion Medicaid cuts remain. New text was released on Thursday, July 13. According to media report, Republicans have added $70 billion to a stabilization fund to help lower-income people pay for medical costs. Moderates will have to determine if that’s enough for them to support the measure. The Senate has cut its summer recess in half to deal with this legislation. They may vote on the bill next week.

The proposed cuts to Medicaid would start in 2021. Deeper cuts go into effect in 2025 because of a change to the funding formula to the inflation rate, which rises much slower than the cost of health care, which will likely result in less coverage. The Congressional Budget Office, estimated that the bill would create more than $700 billion worth of cuts to the program over ten years and 15 million people would lose access to the program.

Update on the Department of Labor overtime rule

In May 2016, the DOL announced a major change to the law that governs overtime pay. It said that salaried employees making less than $47,476/year must be paid time-and-a-half when they work more than 40 hours in a week. Currently that threshold is $23,660/year. It was supposed to go into effect Dec. 2016. It’s been stalled in litigation.

The DOL secretary has said a more appropriate threshold would be $33,000 a year. Our national association ANCOR recommended a threshold in the $30,000 to $35,000 range when they rule was being worked on.

There is going to be a Request for Information which will open up this rule to public comment as the DOL begins work on a new proposal.
Life Centers of Kansas

**R'NEW**
Reaching New Excellence & Wellness

Opening Soon
Life Centers of Kansas is now offering a unique opportunity for those who are ready to enjoy their retirement years in a relaxing, community based senior program! Introducing R'NEW, a program specially catered to the needs, interests and abilities of our aging community and those that may have more advanced medical needs.

The Life Centers of Kansas, RNEW program, has been specially designed to provide an enriching program with staff members that have a special interest in I/DD geriatrics. This program is sure to achieve the goals and RNEW the spirits of our participants. Through this effort, R'NEW offers an array of activities to stimulate the mind and body; weekly yoga sessions, community adventures, cooking classes, peer mentoring groups, opportunities to explore new hobbies and specialized day trips. As well as, many other opportunities to socialize and participate in activities that will help stimulate memory and cognitive growth.

Our team of qualified staff members at R'NEW, possess the training and skills that focus on, ongoing new supports and therapies for those living with dementia and Alzheimer's Disease.

Conveniently located in South Overland Park

Now accepting referrals! Please contact Jessica Dalton for more information.

Jessica Dalton
Executive Director
Life Centers of Kansas
Direct. 913.634.0783
jessicadalton@lifecentersofkansas.com

Life Centers of Kansas, LLC
Food Assistance for I/DD Waiver Beneficiaries Residing in For-Profit Group Homes

Kasey Considine, Disability Rights Center (DRC) Kansas

This presentation addresses common issues with federal regulations and state policies. It is not legal advice. Contact DRC at (785) 273-9661 if you are a food assistance beneficiary in need of legal assistance.
“Group Living Arrangement” and “Institution”

- A common problem encountered by I/DD waiver residents in for profit-group homes is having food assistance terminated because of the institutional ineligibility rule.

- The institutional ineligibility rule is simple: if you live in an institution, generally you are ineligible for food assistance.

- Understanding how a for-profit group home is treated under federal regulations and state policy and the applicability of the institutional ineligibility rule is not simple.
KEESM § 2542

“2542 Group Living Arrangements - A group living arrangement is defined as a public or private nonprofit residential setting that serves no more than 16 residents and that is licensed by KDADS, under Section 1616(e) of the Social Security Act. If questionable, the facility must verify it’s nonprofit status (proof they are considered nonprofit by the IRS).

Blind or disabled persons as defined in the Definition of Common Terms section of the Appendix who reside in a group living arrangement as described above may voluntarily apply for the Food Assistance Program. Prior to certifying any resident for food assistance, the worker shall verify that the resident qualifies as disabled as defined in the Definition of Common Terms section of the Appendix and that the group living arrangement is authorized by Food and Consumer Service as a retailer or is licensed by KDADS, including KDADS determination that the center is a nonprofit organization.

NOTE: To determine if an organization is licensed by KDADS, contact the appropriate Area Office licensing specialist.

NOTE: Individuals residing in homes or apartments that are paying rent, utilities, HCBS services, transportation, food, etc [sic] to a for profit community service provider are considered living in an institution and are not eligible for food assistance if the facility or community service provider provides more than 50% of the residents [sic] meals. This includes situations where prepared meals are served and situations where the residents purchase and prepare meals. Each situation will have to be determined on a case-by-case basis and EES Administration can assist in making a determination if needed.

Persons residing in these specialized living arrangements shall be certified by using the same provisions that apply to all other households, with the exception of the special provisions set forth in this section.”
“4230 Residents of Institutions - Individuals shall be considered residents of an institution when the institution provides them with the majority of their meals (over 50% of 3 meals daily) as part of the institution’s normal services and the institution has not been authorized as a retailer. Residents of institutions are not eligible for participation in the program, with the following exceptions:

1. Residents of federally-subsidized housing for the elderly, built under either Section 202 of the Housing Act of 1959, or Section 236 of the National Housing Act;

2. Narcotic addicts or alcoholics who, for the purpose of regular participation in a alcohol or drug treatment and rehabilitation program, reside at an approved facility or treatment center;

3. Residents of group living arrangements as defined in 2542 who are blind or disabled and receiving Title II (RSDI) or Title XVI (SSI) benefits under the Social Security Act;

4. Residents of a public or private nonprofit residential facility that serves battered persons and their children;

5. Residents of public or private nonprofit shelters for homeless persons.

6. Residents of public institutions who apply for SSI prior to their release from an institution under the SSA’s Prerelease Program for the Institutionalized, shall be permitted to apply for food assistance at the same time they apply for SSI.

Refer to 2540 special procedures related to the determination of eligibility, allotment, and the certification of residents of those exempt institutions listed in (1) through (4) above.

Flint Hills Job Corps is considered an institution which provides the resident the majority of their meals, with the exception of the Single Parent Program. As such, residents are not eligible for the Food Assistance Program. Residents of the single parent (mothers and children) are eligible effective October 1, 2005 as Job Corps ceased providing the majority of meals on October 1, 2005.”
“Group living arrangement means a public or private nonprofit residential setting that serves no more than sixteen residents that is certified by the appropriate agency or agencies of the State under regulations issued under section 1616(e) of the Social Security Act or under standards determined by the Secretary to be comparable to standards implemented by appropriate State agencies under section 1616(e) of the Social Security Act. To be eligible for SNAP benefits, a resident of such a group living arrangement must be blind or disabled as defined in paragraphs (2) through (11) of the definition of “Elderly or disabled member” contained in this section.”
# 7 C.F.R. § 271.12

## Household Concept

(a) “A household is composed of one of the following individuals or groups of individuals, unless otherwise specified in paragraph (b) of this section: (1) An individual living alone; (2) An individual living with others, but customarily purchasing food and preparing meals for home consumption separate and apart from others; or (3) A group of individuals who live together and customarily purchase food and prepare meals together for home consumption.”

(b) “Special household requirements.—

1. Required household combinations. The following individuals who live with others must be considered as customarily purchasing food and preparing meals with the others, even if they do not do so, and thus must be included in the same household, unless otherwise specified.

2. Elderly and disabled persons. Notwithstanding the provisions of paragraph (a) of this section, an otherwise eligible member of a household who is 60 years of age or older and is unable to purchase and prepare meals because he or she suffers from a disability considered permanent under the Social Security Act or a non-disease-related, severe, permanent disability may be considered, together with his or her spouse (if living there), a separate household from the others with whom the individual lives. Separate household status under this provision must not be granted when the income of the others with whom the elderly disabled individual resides (excluding the income of the elderly and disabled individual and his or her spouse) exceeds 165 percent of the poverty line.”
“(7) Ineligible household members. The following persons are not eligible to participate as separate households or as a member of any household:

(vi) Residents of an institution, with some exceptions. Individuals must be considered residents of an institution when the institution provides them with the majority of their meals (over 50 percent of three meals daily) as part of the institution’s normal services. Exceptions to this requirement include only the individuals listed in paragraphs (b)(7)(vii)(A) through (b)(7)(vii)(E) of this section. The individuals listed in paragraphs (b)(7)(vii)(A) through (b)(7)(vii)(E) can participate in the Program and must be treated as separate households from the others with whom they reside, subject to the mandatory household combination requirements of paragraph (b)(1) of this section, unless otherwise stated:

(C) Individuals who are disabled or blind and are residents of group living arrangements”
“Group Living Arrangement” and “Institution”

- A group living arrangement is specifically defined as a non-profit residential setting under the federal regulations and state policy. For-profit group homes do not fall under this definition.

- An institution is a setting where a person is provided a majority of his/her meals (over 50% of three meals daily) as part of the institution’s normal services.

- The difficulty is understanding when DCF considers a for-profit group home an institution. When does a for-profit group home provide a majority of a resident’s meals as part of it’s normal services? This issue is still unclear and is still being litigated through the Office of Administrative Hearings.
There are very short deadlines attached to food assistance appeals. You should read the back of a notice terminating or reducing food assistance very carefully and contact an attorney or DRC right away. It is best to save all notices concerning food assistance.

Deadlines may be revised, but currently a food assistance beneficiary has:

- 10 days from the date of the notice of action to request an appeal AND request their benefits to continue.
- 90 days from the date of the notice of action to request an appeal
“(k) Continuation of benefits. (1) If a household requests a fair hearing within the period provided by the notice of adverse action, as set forth in § 273.13, and its certification period has not expired, the household's participation in the program shall be continued on the basis authorized immediately prior to the notice of adverse action, unless the household specifically waives continuation of benefits....”

DCF’s position is that a beneficiary may not continue benefits beyond his/her certification period.
Note on Available Deductions

- Please refer to the SNAP Eligibility page for full information: https://www.fns.usda.gov/snap/eligibility

- “Deductions are allowed as follows:
  - Medical expenses for elderly or disabled members that are more than $35 for the month if they are not paid by insurance or someone else;
  - Excess shelter costs that are more than half of the household's income after the other deductions. Allowable costs include the cost of fuel to heat and cook with, electricity, water, the basic fee for one telephone, rent or mortgage payments and taxes on the home. (Some States allow a set amount for utility costs instead of actual costs.) The amount of the shelter deduction cannot be more than $517 unless one person in the household is elderly or disabled. (The limit is higher in Alaska, Hawaii and Guam.)”
“Medical deduction. For elderly members and disabled members, allowable medical costs that are more than $35 a month may be deducted unless an insurance company or someone who is not a household member pays for them. Only the amount over $35 each month may be deducted. Allowable costs include most medical and dental expenses, such as doctor bills, prescription drugs and other over-the-counter medication when approved by a doctor, dentures, inpatient and outpatient hospital expenses, and nursing care. They also include other medically related expenses, such as certain transportation costs, attendant care, and health insurance premiums. The costs of special diets are not allowable medical costs. Proof of medical expenses and insurance payments is required before a deduction for these expenses may be allowed.

Shelter deduction. The shelter deduction is for shelter costs that are more than half of the household's income after other deductions. Allowable shelter costs include the costs of rent or mortgage, taxes, interest, and utilities such as gas, electricity, and water. For most households, there is a limit on the amount of the deduction that can be allowed, but for a household with an elderly or disabled member all shelter costs over half of the household's income may be deducted.”
KEESM § 7226.3 Utilities: “Standard Utility Allowance (SUA) - A standard utility allowance (SUA) of $364 is mandatory for use in calculating shelter costs when the household has a heating or cooling expense. The SUA includes the basic cost of one telephone, water, sewage, garbage and trash collection, heating or cooling, cooking fuel, and electricity used for other than heating and cooling. The SUA is mandatory for households who:

- incur heating or cooling costs separately and apart from their rent or mortgage (this includes bills that are not in the household's name as long as they are expected to pay the bill), or
- have received LIEAP payments in the current month or previous 12 months, or
- live in private rental housing and are billed for utilities (which includes a heating or cooling component) by their landlord on the basis of individual usage, or a flat rate separately from their rent, or
- live in public housing units which have central utility meters and which are charged only for excess heating or cooling costs.”
FOOD ASSISTANCE PROGRAM STANDARDS EFFECTIVE October 1, 2016 – September 30, 2017

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STANDARD DEDUCTION
Household Sizes 1-3 $157
Household Size 4 $168
Household Size 5 $197
Household Sizes 6 or more $226

MAXIMUM EXCESS SHELTER DEDUCTION $517
STANDARD UTILITY ALLOWANCE $364
LIMITED UTILITY ALLOWANCE $225
TELEPHONE STANDARD $37
STANDARD MEDICAL DEDUCTION $175
Resources

- **DCF Brochure on EBT Cards:**

- **KEESM (Kansas Economic and Employment Manual):**

- **KEESM Food Assistance Program Standards and Benefit Table (Items F-2 & F-3):**

- **SNAP Eligibility from USDA FNS (Food and Nutrition Service):**

- **SNAP Federal Register Documents from USDA FNS (Food and Nutrition Service):**

- **USDA Program Discrimination Complaint:**