

**Kansas Home and Community Based Settings Rule
Corrective Action Plan Submitted 12/1/2022**

<p><i>Information on which criteria the state will need extra time to ensure full provider compliance;</i></p>	<ul style="list-style-type: none"> • In December 2021 a list of settings presumed by the state to have qualities of an institution under categories 1 and 2 were submitted to CMS with the Statewide Transition Plan (STP). • In September of 2022 the state submitted heightened scrutiny packets for 10 of these category 1 and 2 settings. • In November 2022, a list of settings presumed by the state to have isolating characteristics under category 3 were submitted to CMS. • In all, the state has submitted to CMS a listing of approximately 144 settings requiring a final heightened scrutiny determination. The state has identified these settings as meeting one or more of the categories for a presumed quality of an institution and/or isolating characteristics. • The state believes all of these settings have overcome the presumption of institutional and/or isolating qualities. • Providers of these settings are aware they have not yet achieved full compliance with the rule and are eager to receive further direction from the state regarding additional remediation. • <i>An approved Corrective Action Plan will allow the State to avoid service delivery disruptions or transitions for HCBS participants currently served in those settings awaiting final adjudication by CMS.</i>
<p><i>The state's efforts to bring providers into compliance with those criteria, and the PHE-related impacts that created barriers to compliance; and</i></p>	<ul style="list-style-type: none"> • Through a partnership with Wichita State University, the state began implementing a project known as Community Connections to complete settings assessments. This process included having all providers who owned or controlled an HCBS setting submit an online self-assessment. KDADS then completed validation and desk reviews to determine compliance or non-compliance with the Rule. • The assessment phase lasted September 2019-February 2020. The validation and desk review phase of all assessments occurred March 2020-August 2020. The remediation phase was September 2020-August 2022. • The Community Connections Team worked with providers to offer 1-1 assistance to help them remediate policies, procedures, and other documents to show final rule compliance during the initial remediation phase. • During the remediation phase a review of settings flagged for heightened scrutiny were reexamined to determine if the designation was correct. After this additional review, all accurate designations were scheduled for remote onsite heightened scrutiny assessments. • <i>Due to the COVID-19 health crisis and subsequent PHE, the state has been unable to complete face to face and other onsite visits of settings to ensure a providers' policies and procedures match existing practices. The state has visited with providers and participants through remote options throughout the PHE in order to further assess and bring providers into compliance.</i>

	<ul style="list-style-type: none"> • KDADS and the Community Connections team have continued to host Final Rule calls on a monthly basis with HCBS participants and stakeholders throughout the PHE.
<p><i>The state's plan to overcome encountered barriers, and the time needed to do so.</i></p>	<ul style="list-style-type: none"> • Upon receipt of the heightened scrutiny determinations, and in the event CMS disallows FFP for certain settings, the state would request a reasonable timeframe, negotiated with CMS, to come into compliance with any potential findings or deficiencies. • <i>The state anticipates there may be compliance deficiencies identified related to presumptively institutional settings and asks for a minimum of six months to remediate with those providers and settings who CMS does not feel have overcome the institutional presumption and/or isolating characteristics.</i> • With the COVID-19 PHE winding down, the state intends to ramp up onsite visits with providers in order to provide technical assistance and training to those providers with settings who meet one or more of the presumed institutional categories. • By applying the same review standard to new providers and/or settings in the time period between the initial assessments and the present means there are additional settings yet to overcome potential institutional presumptions. • CMS will complete an onsite visit with the state in March 2023. This visit will yield valuable feedback to the state on the effectiveness of the current review processes and might require changes to how the state assesses settings. • The state will continue to engage with stakeholders regularly on furthering systems change aligning with the rule and as outlined in the submitted (final approval pending) STP.