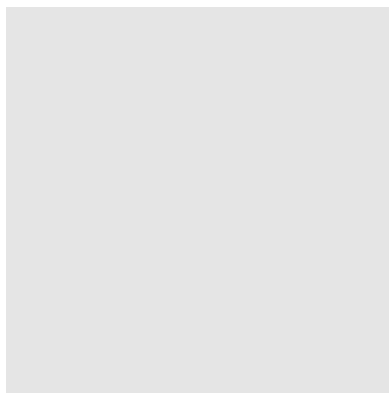
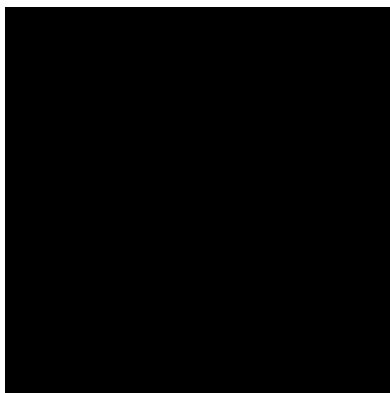
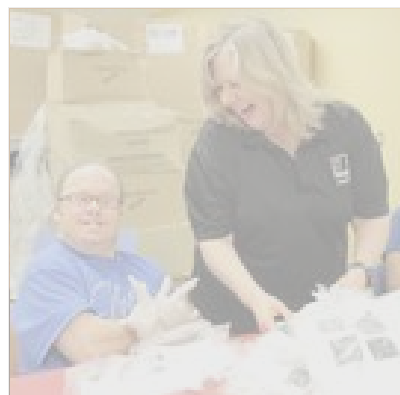
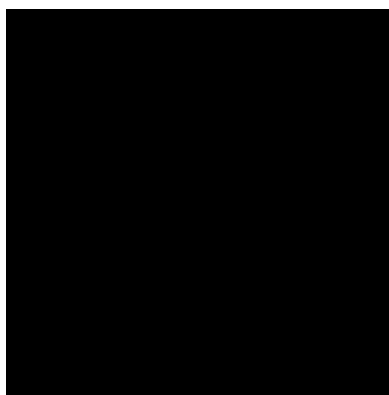
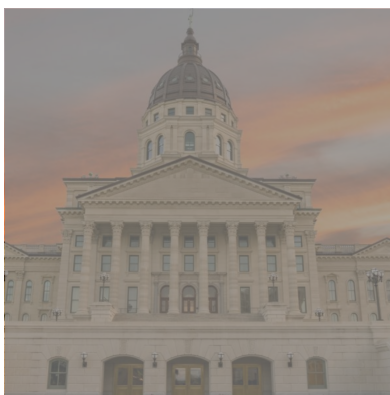




# InterHab 2026 Roadmap for Modernization

*InterHab believes lasting progress comes from genuine partnership. By working in true collaboration with KDADS, providers, families, individuals, and stakeholders, we are dedicated to building a transparent, sustainable system that protects choice, advances equity, and supports Kansans with IDD for generations to come.*



Prepared By

**InterHab**

[interhab.org](http://interhab.org)

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## Protection of the DDRA

*The Developmental Disabilities Reform Act (DDRA) was groundbreaking legislation for its time, and after 30 years it remains the foundation of Kansas's IDD system. The Act describes a collaborative effort between the State, Community Developmental Disability Organizations (CDDOs), and other local stakeholders to ensure that persons with IDD can live successfully in the community of their choice. Preserving local choice and strong community connections, as well as protecting against arbitrary state reassignment of these critical functions, were cornerstones of the Act. For these reasons, we believe it is essential that any updates to the DDRA remain true to its original purpose: local accountability, strong contracting requirements, and systemwide transparency. Changes should be carefully considered to strengthen, not weaken, the Act's intent. In some cases, needed improvements may come from ensuring that existing provisions are fully carried out, rather than rewriting them.*

*We are committed to engaging in thoughtful dialogue about updates that modernize and strengthen the community IDD system. By grounding modernization efforts in strong values that foster local management, governance, and accountability, and by collaborating with KDADS, we can expand community access to services for Kansans with IDD.*

# Resolve Dual Service Provision

## (Targeted Case Management Conflict of Interest)

*We value our partnership with the State of Kansas and IDD stakeholders and believe the Community Support Waiver (CSW) can be implemented through conflict-free case management provided by independent entities, conflict-free CDDOs, or providers who do not deliver Home and Community Based Services (HCBS) CSW services to the same individual. Given KDADS' plan to serve 500 people in the first year, we believe the system has sufficient capacity to ensure conflict-free case management for those participants.*

*However, it is imperative that any planned transition to conflict-free case management under the IDD Comprehensive HCBS Waiver must be phased in over time. Available data shows that many individuals receiving targeted case management will need a gradual transition, supported by the development of local, independent providers across the state. This approach will help preserve responsiveness and relationships, uphold quality standards for new providers, and ensure the system is supported through the change. Other states have implemented CMS-approved phased-in models that expand choice, build capacity, and—most importantly—provide a respectful, multi-year transition for individuals and families while avoiding reliance on out-of-state, for-profit entities that do not provide true choice under the Final Rule or a level of service that is comparable to what is currently being provided by local service systems in Kansas.*

### **Phase 1 - To implement the Community Support Waiver (CSW) in a timely manner:**

- Applies only to individuals receiving Home and Community-Based Services (HCBS) through the CSW waiver.
- Providers may deliver HCBS CSW services or TCM, but not to the same individual.
- Conflict-free TCM may be delivered by an independent TCM entity or an unconflicted CDDO.

### **Phase 2 – Identify solutions for individuals receiving services under the comprehensive IDD waiver through the Only Willing and Qualified Provider exemption:**

- An HCBS provider may deliver TCM to individuals on the waiting list or to those they do not serve through HCBS.
  - Example: TCM may be delivered to individuals funded through non-HCBS waiver funding sources.
- Only Willing and Qualified Provider (OWQP) Exceptions
  - Permitted when:
    - The individual chooses and provides informed consent.
    - No other provider exists within a defined local radius (e.g., 20 miles).
    - Capacity shortages create barriers to access.
    - Legacy (“grandfathered”) relationships apply for a limited, defined timeframe.
    - Quality safeguards and monitoring are in place.

# Resolve Dual Service Provision

(Targeted Case Management Conflict of Interest)

## **Phase 3 – Identify and implement conflict-free solutions for the comprehensive IDD waiver:**

- CDDOs provide the State with data elements to identify capacity priorities around a 10-year plan aligned with the phased-in approach to the comprehensive waiver for its 2029 renewal.
- Further development of locally responsive case management services, providers, and their workforce.
- Rates for TCM providers and CDDO Administration funding increases to reflect the actual workforce and time needed to implement these changes in local communities.
- Modernize and update outdated TCM training materials.
- Build capacity within the State's licensing program to ensure quality and monitoring standards are in place to elevate TCM as a critical service, requiring up-to-date service plans, in-person visits, and consistent engagement.
- Strengthen provider success by equipping them with tools and training that prevent billing errors, support compliance, and ensure eligibility systems work smoothly, promoting integrity while allowing providers to focus on delivering high-quality services.

## **Legislative & State Commitment**

- Timely implementation of the Community Support Waiver as part of the phase one to a conflict-free system.
- Support subsequent multi-year phases to meet CMS conflict-free expectations for the Comprehensive IDD Waiver.
- Support development of an HCBS Waiver Case Management framework distinct from Targeted Case Management:
  - Defines non-billable but essential service coordination tasks.
  - Adjusts billing language to include essential tasks as billable functions while preventing duplication.
  - Prevents duplication within existing TCM billable definitions and HCBS/residential services.
  - Aligns with CMS guidance.
  - Creates an opportunity to maintain long-standing relationships between current case managers and individuals they may have assisted for many years.



# Sustainable Funding Model

*Kansas must move beyond short-term stabilization and commit to a transparent, long-term funding structure that sustains providers, supports the workforce, and ensures predictable, adequate resources to meet the needs of individuals with IDD.*

## Transparent, Collaborative Process

- Legislature, MCOs, and the State must commit to full engagement from design through execution.
- Call for transparency and stakeholder inclusion in any plans to align program goals and reimbursement rates with InterRAI modeling, ensuring community voices help shape future processes.
- Following the current interim rate bridge there must be:
  - A clear promise to collaborate with providers on future rates.
  - The release and transparent use of rate study results, with data applied constructively to shape a sustainable path forward.

## Rate Model Concerns

- Resolve confusion and duplication between InterRAI and MFEI.
- Clarify whether three rate tiers (as last discussed) will be implemented, or if a new plan has been identified.
- Address time-sensitive issues, such as back billing challenges seen in Nebraska and Iowa.
- Extraordinary Funding (EF):
  - EF must remain accessible, with a clear policy finalized before new rates take effect.
  - Policies should address ongoing needs, including when individuals appear “stable.”
  - A promised rate-setting process for July 1, 2026 has not begun, and providers must be included.
  - EF must be modernized to reflect the true costs of serving complex needs, including benefits, overtime, and other real expenses that current processes overlook.
  - Review and remove barriers from current process and policy.

## Alternative Payment Models for Complex Cases

- InterHab will lead an exploration of:
  - Traditional Fee-For-Service (FFS) payment models.
  - Alternative, outcome-based models (e.g., value-based purchasing in MCO contracts).
- Prioritize complex cases where costs vary significantly and the current rate approach feels arbitrary.
- Ensure Community Support Waiver (CSW) services are not aggregated in ways that obscure true costs and needs.

# Sustainable Funding Model

## Sustainable Funding Beyond Stabilization

- The focus must extend beyond short-term stabilization to a long-term sustainable funding model, including:
  - Workforce investments to address capacity shortages.
  - Inflation-based percentage increases to keep pace with rising costs.
  - Smarter use of consulting dollars to ensure transparent and efficient budgeting.

## Simplification and Focus

- Avoid unnecessary complexity in the process.
- Build a straightforward, accountable structure that ensures:
  - Predictable funding.
  - Real sustainability for the IDD system.

## Unbundling Day Services

*The system must ensure that funding structures, workforce investments, and waiver design protect current choices, expand flexibility, and prevent unintended harm to people and providers.*

### Choice and Safeguards

- Commitment to continuous engagement with members on the development of definitions to ensure no harm to people and providers.
- Increases choice and flexibility for people, while ensuring that current options are not eliminated.
- Address identified gaps, such as lack of coverage for transportation from home to service.
- Ensure that funding models and exceptions are not prejudicial against certain populations or service types.
- Recognize that residential supports are not universally 24/7 and must be funded accordingly.
- Protect access for medically fragile individuals and those with mental health needs, who too often face denials.
- Examine the trend of shifting work away from day services and evaluate the risks to people's access and stability.
- Acknowledge that individuals require more than "25 hours" of services —service design must reflect the realities of people's needs.



# Waiting List

*The system must establish clear strategies to eliminate the IDD waiting list, strengthen long-term capacity, and ensure that new waiver designs increase—not limit—access to services while protecting choice, sustainability, and equity. InterHab supports a thoughtful and realistic process to offer services to every individual on the waiting list, whether through the comprehensive waiver or the CSW. To succeed, this process must include meaningful engagement of stakeholders and a thorough evaluation of key issues, work that has not yet begun but is essential to avoid mistakes and to prevent the creation of an invisible waiting list in the future.*

## Eliminating the Waiting List & Building Long-Term Capacity

- Exploration with stakeholders to identify pathways and solutions to bring forward to the Legislature to eliminate the IDD waiting list within a defined timeframe, including both the Comprehensive IDD Waiver and the Community Support Waiver (CSW).
- Commitment to long-term system capacity and sustainability, including:
  - Regular and reliable rate increases.
  - Cost of Living Adjustment (COLA) or step investments that do not result in renewed wait lists.
  - Workforce stability through DSP wage parity, funding, and capacity expansion.
  - Long-term technology investments to support efficiency and quality.
- Commitment to the CSW to expand choice and transparent pathways for access, while ensuring health and welfare standards are upheld.
- No creation of a new, underserved waiting list under the CSW due to providers not taking new clients, service gaps, or lack of education on access pathways.
- Pathways for fluid movement between the CSW and Comprehensive Waiver, including protection of Vocational Rehabilitation (VR) exceptions and crisis exceptions (e.g., Abuse, Neglect and Exploitation (ANE) reports).
- Transparent processes for individuals who do not meet crisis criteria to access direct services.
- Acknowledgment of system barriers such as:
  - Inadequate transportation access which limits full community participation; transportation must cover more than medical needs, ensuring full community access.
  - Prejudicial funding models or exceptions that deny services to medically fragile or mental health populations.
  - Residential supports not universally being 24/7.
  - Personal Care Services (PCS) parity issues that make services uncompetitive.
  - Risk of exploitation without appropriate safeguards.
- Commitment to strengthen CDDO and provider capacity while modernizing oversight by consolidating licensing/program functions in one place.

## Legislative & State Commitment

- Comprehensive engagement with stakeholders to redesign the waiting list to a more locally connected process that avoids unnecessary complexity, enhances transparency, avoids invisible waiting lists, and ensures timely movement to mitigate what Kansans have experienced the past 10-plus years.