

# KanCare Consumer and Specialized Issues Workgroup

## Meeting Minutes/Notes

September 29, 2016 10:00 am - 12:00 Noon

United Way Building, 2518 Ridge Court, Lawrence, KS – Doud Room

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### **Committee Members in attendance:**

Barb Conant, Elizabeth Moran, Njeri Shomari, Hal Schultz, Edward Nicholas, Brandt Haehn, Christina Bachman, Joan Kelly, and Russell Nittler

### **Committee Members absent:**

Brenda Adams, Deanna Gaumer, Jay Terry, Edward Miller, and Karen Gonzalez

### **MCOs and Presenters:**

Karla Werth/KDADS, Angela Reinking/MCO/United Healthcare, James Bart/KDADS, Keith Derks/MCO/Amerigroup, Sharon Traylor/MCO/Sunflower, Tanya Hamilton/MCO/United, Stacy Vistuba/MCO/Amerigroup, Stephanie Rasmussen/MCO/Sunflower, Kip [Last Name]/Childrens Resource Center,

### **Additional Attendees:**

Stephanie Sanford, Sean Gatewood

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### **Introductions:**

- My name is Russell Nittler
- My name is Hal Shultz. I work for SACK; Self Advocate Coalition of Kansas.
- I'm Stephanie Sanford, Hal's friend and co-worker from SACK.
- I'm Karla Werth; I'm the TA Waiver program manager at KDADS.
- I'm James Bart, Director of Managed Care at KDADS.
- Christine Bachman, Salina Family Healthcare Center.
- Ed Nicholas, parent advocate.
- Joan Kelly, parent and guardian.
- Barb Conant, Kansas Advocates for Better Care.
- Sean Gatewood from KanCare Advocates Network.
- Njeri Shomari, consumer.
- Keith Derks with Amerigroup.
- Stacy Vistuba with Amerigroup.
- Sharon Traylor, with Sunflower Health Plan.
- Brandt Haehn, Community Supports and Services Commissioner at KDADS

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- (Phone) Stephanie Rasmussen with Sunflower Health Plan.
- (Phone) Tanya Hamilton with United Healthcare.
- (Phone) Kip [Last Name] Specialist with the TA Waiver.
- Angie Reinking with United Healthcare.

## **Review of 06-30-2016 Minutes/Notes:**

- Tabled to December meeting.

## **HCBS TA waiver–Nursing Hours:**

*Karla Werth, KDADS*

Ed brought the topic up because people on the TA Waiver are finding it challenging to find nurses to provide services they are eligible for. They are having difficulty finding nursing through his initial and secondary providers.

Karla had heard some of this type of situations from the MCOs as well; Specialized nursing which has to be an RN or an LPN with oversight of an RN. She called Kansas Board of Nursing and was told that they had not heard of any shortage. Kansas Nursing Association had not heard of any shortages either. That Washburn University was turning out a fair number of nursing students. A thought was to meet with the Director at Washburn to discuss the training that would meet the specialized nursing needs.

Stacy noted they work with providers who take on by a case-by-case basis. Some providers have brought good ideas to the table; working with nursing schools as mentors.

Kip, speaking to the need, was happy to hear about the recruiting. It's pretty critical in the home when they are not getting half of their hours. It used to be just a few of my families, now it's almost consistent with all her families, getting cancelations the day before or even the day of and the parent missing too much work.

Tanya mentioned the agency capacity has been an ongoing problem across the state. There does seem to be an increased need and keeping trained staff. We do recognize the problem; we try to work with Home Health agencies.

- Question with net pay to nurses
- LPN and/or RN willing to take on the risk
- Who is held accountable for the health and safety of individuals

Brandt said ultimately it was him, if we are going to be frank. Our job here is to be able to make sure that we're providing the services that the kids need on the TA Waiver and to provide the appropriate oversight to ensure that those hours are filled. In the end, we can point fingers; we'll take responsibility. I don't think any problems that we face are specifically and only the rates. I think it's a mixture of all of them. What I'd like to know is, what are the numbers of hours that we have that are authorized and what are the numbers

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of hours that are billed. So we can have a conversation on how big is the problem. What is the extent of the problem? We hear stories, and I can understand those people need their hours. But what is the real numbers? I think the path forward is working with the MCOs to develop strategies on how we get people in. We can come here and lay it on the table; this is what's authorized and this is what's being provided. And then find out how we fill the gap that is there. And if that means you use a multifaceted approach; recruitment, different recruitment strategy, pay is part of that but not the only solution to it, then so be it. I think all the MCOs have the ability to pay what needs to be paid to get the service in the home, if it is a pay issue. We figure out what that is. I think we get Sunflower, United, and Amerigroup to pull their reports, set it out here on the table and let the facts speak for themselves.

- Barb asked for this to be on the agenda for the next meeting.

If everyone would send their reports to Karla, she will get that together and get it sent out before the next meeting so you can bring some ideas and possible solutions.

## **KanCare Renewal:**

*Russell Nittler, KDHE*

Our five year renewal is coming up on January 1, 2018. The State has hired a private consultant to write the draft. We may have new MCOs in 2018 depending on who applies. We are hoping by mid-November to have the draft to CMS. Early December KDHE and KDADS are planning more statewide tours, this is all very penciled in right now, where we will go out to local communities and talk about the KanCare contracts. We are thinking we will award the new contracts in mid-May of 2017 and that will give them sort of a six month period to get ready before January 1 of 2018. We don't have the dates figured out, that's why I gave you months there.

The process of hiring the private consultant was discussed.

- An attendee asked to know who was hired and how much the State is paying them.

## **Medicaid Backlog:**

*Russell Nittler, KDHE*

Current numbers as of September 16, overall backlog, over 45 days, is 3,385 applications. The breakdown is 330 more family medical applications, 740 long term care applications, 575 are elderly and disabled applications, and 1,740 applications that we are waiting on Social Security to make a decision on their disability. Some of the family medical, long term care, and elderly and disabled applications are ones that we are waiting on information from the applicant.

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KEES is doing better, soon DCF will be putting food assistance, cash assistance, and child care on the KEES system as well, possibly by January 1, 2017, but don't be surprised if that gets pushed back.

When you call the KanCare Clearinghouse they've added an automated phone response system for checking your status, and they've make the phone answering menu easier to navigate. The State has turned off the automatic closing of reviews due to the backlog. If your case is closed, it's because it was actually worked.

An attendee asked about individuals who receive the request for information letters with only two days left to get that information back to the State. Russell said that the ten day requirement to return information requested by the State is a standard. The turnaround date is what we tracked to see how long it takes the letters to arrive. The longest from individuals was four days, however, a letter sent to Russell had an additional four days added as it had to go through a mail room before being delivered to his office. Njeri noted that there are issues with the letters being delivered past the base 10 day requirement. She has the envelope that shows a date after that ten day period.

Russell reminded the group that once the ten days pass without the information arriving, a closure letter would be sent and the individual would still have time to send in the information.

Other things that are being done at the KanCare Clearinghouse is that they have a contract with Health Literacy Institution who will look at our KanCare application and making suggestions for better language, more user friendly format, a guide for facilitators, and, besides making it more easy, there is a goal of improving the time it takes us to process the application. Once we change our application, we have to have CMS approve it. Leadership has asked the CSI Workgroup to look over the new applications when they are available and return your comments to Russell. Russell agreed that having the MCOs look over the new applications as well was a good idea.

## **Other Items:**

Brandt offered an update on the Autism Waiver, with moving Autism Specialist, the Individual Intensive Supports and the Speech Therapy to the State Plan which allows a lot more kids to have those services. Inside the waiver they will keep the Family Adjustment Counseling, the Respite Care, and one other service. We are working with KU to have more training available on K-Cart to meet the requirements.

We don't have a finalized date at this time. There are operational aspects to work out.

The other announcement; our financial management services provider network, we are putting out for a request for proposal. That should be at the DofA website within the next couple weeks. The go live date with the new RFP and that structure would be July 21<sup>st</sup>,

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2017. From the perspective you have to manage and have limited staff which we do, you'll see that in the structure on how we can provide more oversight. All the current FMS providers will receive a packet. Let the market determine what the rate is.

A lot of providers received rate study information. There are some problems with the rate study. We needed more information. KDHE has contracted Optimus to evaluate the financial standings of providers with trying to figure out a rate structure. We are asking for a complete review of their revenues and expenditures.

An attendee feels the State does not need the information from providers concerning donations and fundraisers.

An attendee requested more information on what is in the rate study. Brandt said he would email the study to all the board members and that it is pretty simple to understand.

There is no set date for when the analysis of the rate study would be in.

Russell said he handed out the KanCare Ombudsman Report as Kerri was unable to attend today.

## **Future Meeting:**

{Next meeting at the time these minutes were typed was determined to be: December 14th, 2016. 10am to 12 Noon. Location: Landon State Office Building, 900 S.W. Jackson Street, Topeka, Kansas, 66612 – 9<sup>th</sup> Floor, Conference Rooms 9E and 9F}