

2:00 pm at the Landon State Office Building 9C

Meeting Facilitator: Russell Nittler and Joe Ewert

I. Roll Call

Hal Scholtz
Sharon Trailer
Chris Tyler
Kim Doty
Mitzi McFatrach
Josh – Consumer coalition
Barb Conant
Mike Shields
Martha Hodgesmith
Rick Cagan
Rick Dalke
Tanya Dorf Brunner
Barne Mayse
Della Ribordy
Brian O’Sullivan

Bill Gale

Kelly Thames

Chris Beurman
Annette Graham

II. Last month’s notes- Approved with addition of Brian O’Sullivan to the attendance list.

III. Workgroup topics

Standard Terms and Conditions

STC’s were requested by group members. Hardcopy and online locations were provided. Rick Cagan requested state staff prepare a summary of the STC’s for advocates.

KanCare Ombudsman, James Bart

In the 2 weeks leading up to “go live” on Jan. 1st, 2013 James met with each of the MCO Plan Presidents and developed a “single-point of entry” contacts within each company. James attended and was

introduced to various stakeholder groups and KanCare workgroups, including the developmental disability pilot workgroup. James attended the Legislative Health Policy Oversight Committee meeting where he introduced himself and fielded questions from the committee. Since December 26th, James has participated on the daily “rapid response” calls. James met with each of the waiver Program Managers, Senior Leadership Staff at KDADS, KDHE and the Interagency Coordinator. James reviewed the Grievance and Appeal Process with each of the MCOs and received a brief by the Director of Administrative Appeals on the State appeals process. Since “go live” James has fielded 28 inquiries, with 20 from Medicaid Consumers and 8 from providers. Of the 20 cases, 16 have been resolved and closed and 4 are still active. The subject of the inquiries have been membership, eligibility, services and various transportation and pharmacy issues. There is a webpage on the Kancare website being developed that will track and report the activities of the ombudsman’s office. James is providing a weekly update to stakeholders during the “rapid response” conference call open to all stakeholders. James thanked the group for the opportunity to provide a brief update. “My passion to advocate for Medicaid consumers is evident in both my personal and professional endeavors. As the parent of a son with a significant disability, I have a unique perspective that motivates me to help resolve any concerns as they arise and make sure that the consumers’ voice is heard.”

James fielded a question regarding the call volume and the availability of resources for the ombudsman office. James stated the volume to date was manageable.

Rick Cagan noted that advocates would be interested in seeing further detailed reporting regarding the issues the ombudsman was working.

DD Pilot Presentation,

Greg Wintle presented an overview of the DD pilot program.

I. The purposes of the DD services pilot are to:

- a. Help providers acclimate to the managed care system before full implementation
- b. Help persons served and their family members and guardians learn more about and get used to the managed care system before full implementation
- c. Help the MCOs to gain a deeper understanding of the I/DD service system before full implementation
- d. Demonstrate better access and coordination to needed services through full-inclusion of services to demonstrate how the integration of DD services will merge with other Medicaid services in the KanCare program.
- e. Assist TCM with Care Coordination
 - Behavioral health
 - Employment issues
 - Housing options

II. Participation in the project is voluntary. Criteria and process for participation.

- a. Person Centered planning: A member wants to participate *and*

- b. A DD services provider wants to participate with a member (or members) who want to participate. One cannot participate without the other. If one of the member’s service providers wants to participate, that is sufficient. For example, if a member receives residential, day services and targeted case management (TCM), any one of those providers participating will be enough for the member to participate.

Once a member and any of the member’s providers want to participate, the member’s TCM provider and CDDO will be required to support the member’s participation by conducting some administrative functions for the State, primarily by providing/collecting information to and from members, providers, and the KanCare managed care organizations (MCOs).

III. Pilot Information and selection process:

Members that want to participate in the DD services pilot will have access to:

- a. Direct collaboration about and improved access to all of the member’s needed services, including about the member’s DD services, between the member’s providers and the KanCare MCOs.
- b. Direct information to each provider participant about how to succeed in the MCO networks, including how to contract with the MCOs, how to become a credentialed member of the MCOs’ provider networks, and how to prepare and submit claims for services provided. Some of these processes will be completed during the pilot project so that the providers will be pre-ready for joining the KanCare program on 1.1.14.
- c. Access for members to some additional value-added services that **are only available for DD services pilot participants**. These additional services are for only people choosing to participate in the DD services pilot, on these conditions:
 - They are for the use of those participants only for the first year of the program. Participation is voluntary
 - The MCOs will review the results of those VAS for those participants, take into account the input of those participants, and consider extending those VAS for year two of the KanCare program, when all DD waiver services are slated to come into KanCare.

The additional value-added services include:

For Amerigroup members:

Service	Overview
Personal Assistance Services	Up to three days of supplemental personal assistance services that do not meet the 1915(c) waiver service definition. This service will not supplant the DD waiver services. For example, an individual in the hospital could be offered personal assistance during the hospital stay.
Transportation	Local community transportation for caregivers to non-provider, community locations with the member as approved by care manager (limit of 48 segments per calendar year) for various health and wellness activities
Caregiver Support Kit	a one-time lifetime benefit that would be mailed to the pilot project

	<p>participant member upon enrollment, including:</p> <p>Amerigroup communication to caregiver stating importance of role and giving appreciation.</p> <p>Dinner for four or four movie ticket vouchers for use during respite hours.</p> <p>Caregiver support book (link).</p>
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For Sunflower members:

Service	Overview
<p>For each service listed below, the member’s Sunflower State care coordinator will assess the need of the member and provide approval on a case-by-case basis. If approved, the member’s care coordinator will determine the amount or duration of the service, and it will become a part of the member’s overall Plan of Care.</p>	
Hospital companion	<p>Sunflower State will coordinate with the hospital, family/guardian, and direct care provider to provide a companion who is familiar with the member and his/her specific needs while in the hospital. This service will be approved when determined medically necessary to promote comfort and recovery.</p>
Home modifications	<p>Sunflower State will work with the member, the family/guardian, and the DD Targeted Case Manager to identify any supplemental home modifications needed by the member either for health purposes, or to live successfully within the community. Services that do not meet the 1915(c) waiver service definition. This service will not supplant the DD waiver service but might be offered to assist individuals in home modification in other instances. Example: For recreational access or a ramp for a family member’s home.</p>
Crisis intervention teams	<p>Sunflower State will work with its specialty companies NurseWise and Cenpatico to partner with the State, advocacy work groups, and other MCOs to further develop this important program.</p>
Remote behavioral health supports	<p>Sunflower State’s specialty company, Cenpatico, has been involved in offering remote psychiatry through participating network providers. Sunflower will work with stakeholders and Kansas providers to further develop a program, including monitoring protocols for informed consent and protection of individual’s rights that offers remote behavioral observation with the person’s or guardian’s informed consent, behavior support planning, family supports and training, and member monitoring.</p>
Practice visits to ob/gyns and dentists	<p>Sunflower State will offer “practice visits” for members with IDD, when needed to help them feel more comfortable with, and therefore be more likely to participate in, preventative visits to the OB/GYN and/or dentist. Sunflower State’s sister companies in other states have found this to be beneficial for members.</p>
Member career development	<p>Sunflower State will work very closely with the developmentally disabled</p>

	<p>community, including the statewide Employment First Workgroup, in an effort to build a meaningful approach to increasing employment opportunities for persons with IDD. Sunflower will research the effectiveness of current Kansas supported employment programs, help support local programs that increase competitive employment opportunities, and create partnerships to develop further resources where needed. In addition, Sunflower will facilitate access to education of caregivers and consumers about the importance of employment, encourage scheduling of medical appointments that don't conflict with work hours, provide a care plan for HCBS services that supports the person's schedule for employment, and arrange and assist with transportation to and from employment settings, if not otherwise available.</p> <p>Sunflower State's culture is to facilitate employment options, as well as extend employment where there is a fit. Through our national advisory group and other local community advisory groups we will establish additional employment opportunities.</p>
In-home caregiver support	<p>Sunflower State offers resources to caregivers on our website (links to community resources). In addition, our specialty company, Nurtur, has a significant array of articles and helpful information that are disease specific. Rather than providing a caregiver guide we avoid duplication and offer an independent approach by linking caregivers to local support and information groups already in existence. Examples include: CDDOs, Independent Living Centers, Aging and Disability Resource Centers, Families Together, Kansas Council on Developmental Disabilities, and many other local non-profits. We offer additional respite hours so the caregiver can take time to attend support sessions.</p>
Additional value adds for the ABD population	<p>Sunflower will work with local stakeholders and advisory groups to identify and offer additional needed benefits for members with IDD, contingent upon state approval.</p>

or United members:

Service	Overview
Respite	<p><u>The value add of respite</u> is a temporary service provided on an intermittent basis to provide the beneficiary's family (unpaid primary care-giver) short, specified periods of relief. Respite must be <u>self-directed</u> and in the beneficiary's place of residence. It serves the family by:</p> <ul style="list-style-type: none"> · Meeting nonemergency or emergency family needs · Restoring or maintaining the physical and mental well-being of the beneficiary and/or his or her family · Providing supervision, companionship, and personal care to the beneficiary

	<ul style="list-style-type: none"> · Beneficiary meets MCO clinical guidelines for utilization of this benefit <p><u>Qualifications for the Value Add:</u></p> <ul style="list-style-type: none"> • Member must be: <ul style="list-style-type: none"> <input type="checkbox"/> participating in the DD pilot <input type="checkbox"/> be five years of age or older <input type="checkbox"/> meet the criteria for ICF/MR level <input type="checkbox"/> have a family member who services as the primary caregiver who is not paid to provide any HCBS DD program service for the beneficiary <input type="checkbox"/> Member's benefit is limited to <u>40 hours</u> per year <input type="checkbox"/> The cost of transportation to and from the beneficiary's place of residence or places in the community is included in the reimbursement rate paid to the providers of this service. <input type="checkbox"/> Financial Management Services (FMS) will be used to administer the self-direction
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Value Added services will not supplant the DD waiver services. Personal services and home medication services offered as a Value Added Service will be for situations in which the existing waiver benefit is not available, and the MCO will have the responsibility to ensure that the services are delivered in ways that are responsive to needs of individuals.

- d. Access to information about how the DD services pilot is functioning, and what lessons are being learned from the pilot process. This includes the results of measures related to the pilot that will:
- Demonstrate MCOs working with KDADS, CDDOs and CSPs to understand and access KanCare structure (this measure focuses on providers participating in the pilot)
 - Measure improved access to needed services (this measure focuses on targeted case managers participating in the pilot)
 - Ensure members, families and guardians are aware of service options and how to access services in the KanCare structure, and report an increased understanding of the KanCare program (this measure focuses on members and families/guardians participating in the pilot)
 - Ensure MCOs have demonstrated an understanding of the Kansas DD service system (this measure focuses on the three KanCare MCOs).
 - Employment supports for volunteering members who need additional targeted work around removing barriers and building solutions to support employment options.
 - Behavioral supports for volunteering members who need additional targeted work around accessing needed behavioral supports in order to successfully remain in their home and community.
 - Housing for volunteering members who need additional targeted assistance to identify and explore potential housing supports in order to successfully remain in their home and community and maximize their independence.

IV. Selection process:

Members or service providers who want to participate in the DD services pilot will be asked to complete and submit the “Developmental Disabilities Pilot Participation Request” online form at the following http://www.kdads.ks.gov/CSP/DD_Pilot_Info.html when the pilot is ready.

Members and providers selected to participate will be provided additional information and instructions. Participation in the DD pilot project will not be limited.

V. Measurements:

- a. Number of DD providers who, having requested it, report receiving helpful information and assistance from MCOs about how to enter their provider network.
- b. Number of DD providers submitting a credentialing application to an MCO, who completed the credentialing application to an MCO, who completed the credentialing process within 45 days.
- c. Number of DD providers who, having requested it, report receiving helpful information and assistance from MCOs about how to submit claims for services provided.
- d. Number of providers who, having participated in the DD pilot project, report understanding how to help the members they support understand the services available in the KanCare program and how to access those services.
- e. Improved access to services including physical health, behavioral health, specialists, prevention. Targeted Case Managers participating in the pilot will be the focus of this measurement.
- f. Wichita State University will facilitate the process for determining members and guardians are aware of service options and how to access services in the KanCare structure. Focus will be members, family members, parents and guardians participating in the pilot. Areas covered will include:
 - What is KanCare
 - DD services
 - TCM role
 - Care coordinator role
 - Coordination of DD services and other Medicaid services.
 - Provider network navigation and selecting an MCO
 - How can services be accessed to meet new or changing needs.
- g. MCOs have demonstrated an understanding of the Kansas DD service system.
 - MCOs demonstrate a knowledge and understanding of the statutes and regulations that govern the IDD service delivery system.
 - MCOs demonstrate a knowledge and understanding of the person-centered planning process and regulations related to the process.
 - MCOs demonstrate a knowledge and understanding of the various types of providers and the roles they play in the IDD service system.
 - MCOs demonstrate a knowledge and understanding of the tools/strategies used by CDDO/Stakeholder processes.

- MCOs demonstrate a knowledge and understanding of the tools used by CDDOs to implement various local processes (local quality assurance, funding committees, crisis determinations, public school system collaboration, etc.)
The MCO demonstration of knowledge and understanding of these Kansas DD system issues should be reflected in the training and operation of customer service staff, provider relation representatives, member advisory staff, and grievance management staff.

SUMMARY:

Individual in DD Pilot	Individual on HCBS Waiver Only
<ul style="list-style-type: none"> • Voluntary direct and targeted assistance with specific care management issues that engage the spectrum of MCO coordination resources, including those that touch the HCBS waiver services. • Deeper bench of care management resources around specific issues that may be a barrier to successfully remaining in the person’s home/community and/or maximizing the person’s independence • Individualized training, information and focused discussions about the KanCare program, operational details, service details and structural details for volunteering members, their families/guardians and providers. • Additional array of value added services focused on DD pilot participants, including: <ul style="list-style-type: none"> ○ Extra Personal Assistance service ○ Transportation for caregivers ○ Caregiver support kit ○ Hospital companion ○ Supplemental home modification ○ Crisis intervention ○ Remote behavioral health supports ○ Practice visits to ob/gyn and dentist ○ Career development ○ In-home caregiver support ○ Extra respite service for volunteers self-directing their services 	<ul style="list-style-type: none"> • Existing TCM and MCO coordination of non-HCBS waiver services • Existing waiver services. • Education about KanCare via existing TCM, outreach activities of the state and MCOs, and website-based or written materials. • Broadly offered value added services, based upon individual eligibility/applicability

Martha noted the value added benefits the plans are offering through the DD waiver are attractive and would likely be attractive to all the waiver programs.

Sharing of Case Managers from the MCO plans

Following up from requests at the previous meeting, each plan briefly outlined the call center response to consumer inquiries regarding employment and assignment of case managers within each plan. The plans' response was: If consumers contact the plan inquiring whether their previous case manager is employed by the plan, they will verify employment (with employee's consent) but cannot guarantee the consumer the employee will be assigned as their case manager if they switch to the employing plan.

Mitzi McFatrigh expressed a complaint because their organization had understood from state presentations that individuals could retain their case managers under KanCare and had relayed this information to their constituents.

Rick Dalke asked the plans be careful in speaking with consumers utilizing services through CMHCs. CMHCs (and other organizations) will continue to provide consumers with "case managers." It is important to distinguish between case managers provided through these organizations and the "care coordinators" provided through the KanCare plans. It is important to assure CMHC consumers they will continue to have their case managers through the CMHC.

Group members requested a grid of programs and corresponding references to case managers or other terminology.

Representatives from the plans indicated they would review this distinction with call center staff and the distinction would be addressed most clearly through 1x1 meetings between the plans' care coordinators and consumers.

It was asked that the plans provide the strategy and method care coordinators reach out to nursing home residents. Concern was expressed that telephone calls or paper mail would not be sufficient. The plans said in general the care coordinators used phone, mail, and in person meetings for nursing home residents. The plans may follow up on this item in the next meeting.

State outreach/educational tours

The state is planning additional tour dates for consumers and providers.

The group recommended the state include additional/new sites for this tour.

The group asked if there was a schedule of past public service announcements.

Below are the dates and locations of the February tour. State staff are scheduling NF specific sites Feb. 25- March 1.

Date:	Locations			
Monday, February 18	Dodge City Dodge City Senior Center 2408 Central	Manhattan Holiday Inn at Campus, Landon Room 1641 Anderson Ave	Winfield Baden Square Community Center 700 Gary St.	Topeka Capitol Plaza Hotel, Shawnee Ballroom 1717 SW Topeka Blvd.
Tuesday, February 19	Garden City Clarion Inn, North Central Ballroom	Salina Bicentennial Center, NW Heritage Hall	Parsons Parsons Recreation Center, Betty Anderson	Kansas City Hilton Garden Inn, Wyandotte 2

	1911 E Kansas Ave.	800 The Midway	Room 200 S Heacock	520 Minnesota Ave.
Wednesday, February 20	Colby City Limits Convention Center, Otterbourne Room 2227 South Range	Great Bend Highland Hotel, North Heritage Room 3017 10th St.	Fort Scott Fort Scott Community College Ellis Fine Arts Center, Meeting Rooms 2108 S. Horton	Olathe Holiday Inn, Ballroom A/B 101 W. 151st St.
Thursday, February 21	Hays Hays Ramada Inn 3603 Vine St.	Wichita Wichita State University Metroplex, Lowe Auditorium 5015 East 29th St. North		

Miscellaneous

Mitzi stated she had heard complaints that outbound phone calls made by the plans show as “blocked” on caller ID. Stated seniors often do not answer such calls.

The group discussed the changes in workgroup structure- reducing the number of specific workgroups from 5 to 3, and additional emphasis on recruiting consumers for direct input. Group members indicated they were uneasy with the changes. Della stated she was appreciative of the responsiveness she had experienced through this workgroup. Other group members were concerned if they would be retained on future groups and how the groups would be compiled.

Russell and Joe will forward these concerns and inquire as to continuing the workgroup.