

RESPONSES TO QUESTIONS ABOUT ROLE DEFINITIONS FOR TARGETED CASE MANAGERS (TCM) AND CARE COORDINATORS (CC)

We are still fine-tuning the implementation of KanCare for consumers with intellectual/developmental disabilities (I/DD). Our challenge is to provide services to meet the needs of those with I/DD in a way that makes the best use of available resources.

The diversity of those services makes the challenge that much more complicated. This diversity is reflected in the questions posed by consumers, their families and friends. The members of our staff who are charged with implementing KanCare share the same concerns about how best to provide services to those it is meant to help.

The Friends and Family Advisory Council has put together an extensive list of questions and concerns about possible changes in the job of the targeted case manager relative to the role played by care coordinators in managed care organizations (MCOs). This document focuses on clarifying and providing responses to those questions and concerns.

The responses to the questions and concerns contained in this document have been developed by the KDADS staff and the Friends and Family Advisory Council.

The questions and concerns raised by consumers, parents, guardians, service providers and other stakeholders can be grouped into several recurring themes or categories.

1. With the implementation of KanCare, how have the roles of the Targeted Case Manager (TCM), Community Developmental Disability Organization (CDDO) and Care Coordinator (CC) changed?

First and foremost, the role of the TCM has not changed. The TCM will continue to function in the same role and deliver the same kinds of services that were provided prior to KanCare. The CC will not replace the TCM nor take over any of the primary duties and responsibilities of the TCM. The CC role is not a substitute for the TCMs' functions. The CC provides a set of services and functions intended to enhance the quality of physical and behavioral health of Consumers by being the primary point of contact for the Consumer with the MCO.

The ultimate hope of all involved is that the community developmental disability organizations (CDDO), community service providers (CSP), MCO, TCM, CC,

consumers, parents and guardians will all work together as a team, focused on meeting the needs and interests of each individual with I/DD.

- The TCM will continue to be the primary source of contact for consumers, parents and guardians regarding delivery of services.
- The role of the TCM will continue to revolve around the four categories of service defined by the Center for Medicare and Medicaid Services (CMS), the primary federal regulatory agency for these services. These four services will continue to be: assessment, development of the person-centered support plan, monitoring and follow up, and referral.
- The TCM will continue to have primary responsibility for creating the person-centered support plan (PCSP). It is recommended that consumers, parents, guardians, the TCMs and CCs be present during these planning sessions to ensure effective coordination and alignment of consumer needs, interests, preferences, goals and plans.
- The TCM will continue to perform functions such as attending school meetings, arranging appointments, being involved in transition from school to work and transitions from institutions to the community, as has been the case. The TCM is also responsible for identifying and responding to the need for referral of services that a consumer may require or desire.
- The TCM will continue to be the first point of contact in helping ensure that consumers are aware of and have the opportunity to exercise appropriate service choices.
- The CDDO will continue to conduct the BASIS Assessment. As has been the case, the CDDO representative, consumer, parent, guardian, TCM and others requested by the consumer will be present during this assessment. It is also recommended that the CC be present during this assessment to ensure continuity of information gathering and analysis, and to avoid unnecessary duplication of assessment processes.
- The BASIS Assessment process will continue to be the primary means of determining the tier level (of care) for consumers. As has been the case, the tier level will determine the level of funding to be provided for the services for which each consumer is eligible.
- The CC will conduct a physical and behavioral health assessment for each assigned consumer. Since a number of the health issues covered in these assessments are also established components of the BASIS Assessment, it is critical that the TCM and the CC work together to ensure that the assessment processes are well coordinated and not needlessly repetitious.
- The CC will coordinate the preparation of the integrated service plan (ISP), which will be a summary document composed of data from the BASIS

Assessment, PCSP, physical health assessment and behavioral health assessment. The ISP will describe the specific levels of service to be delivered to the consumer based upon his or her combined assessments.

- The CC is required to have in-person meetings with each consumer at least two times per year.
- The CC will be responsible for coordinating the sources of and delivery of needed specialized physical and behavioral health services for the consumer. The TCM and the CC will work together to make sure that the needed services are identified, secured and delivered to properly address the needs of the consumer.

2. How will eligibility for HCBS Services be determined and how will the process of determining when and how those services will be delivered be managed?

While this question has been covered, in part, by responses to questions in the previous section, some important points are worth repeating here. The ultimate goal of all involved is that the CDDO, community service provider (CSP), MCO, TCM, CC, consumer, parent and guardian will all work together as a team, focused on meeting the needs and interests of each individual with I/DD.

- The CDDO will continue to conduct the BASIS Assessment. As has been the case, the CDDO representative, consumer, parent, guardian, TCM and others requested by the consumer will be present during this assessment. It is also recommended that the CC be present during this assessment to ensure continuity of information gathering and analysis and to avoid unnecessary repetition of assessment processes.
- The BASIS Assessment process will continue to be the primary means of determining the tier level of each consumer. As has been the case, the tier level will determine funding for the services for which the consumer is eligible.
- When a consumer needs physical and/or behavioral health services that are beyond those that can be provided by the TCM, the CC will coordinate the delivery of those services.
- The integrated service plan (ISP) is the final document for service authorization and planning for an individual with I/DD. This document will contain all of the data that was formerly recorded on the MR2 Form, which is no longer in use. The ISP will identify the specific physical and behavioral health services that are authorized.
- While both the TCMs and CCs will maintain appropriate forms and files unique to their respective roles, they will each utilize KAMIS to upload information, communicate with the state and have equal access to pertinent consumer information.

3. What can be done if we do not agree with service eligibility decisions that are made initially, or changes to those services that may be made at annual review sessions—BASIS, PCSP, Health Assessments?

Since the overall desire is for the CDDO, the TCM and the CC to all work together on the combined assessment and needs determination processes, it is also the overall intention that these parties come together and work collaboratively to resolve any differences that may arise regarding the final determination of scope and duration of services.

- Where there are differences with recommendations and/or decisions made by the TCM and the CSP, the consumer, parent or guardian should use the issue-resolution policy and process in place within the CSP. If that process fails to result in the consumers' satisfaction, the issue can be referred to the CDDO. In the unlikely event that differences still exist, the issue may be referred to the KDADS Quality Management staff for resolution.
- In instances where there is dissatisfaction with a decision made by a CDDO, the consumer, parent or guardian should follow the CDDO appeals process.
- In the event of a disagreement between TCM and CC on services for an Individual that cannot be resolved by collaboration between the TCM and CC, the issue will be elevated to KDADS where the state will review and involve appropriate department officials. The state will then make and communicate its decision.
- In the event of disagreement with a decision made by the MCO, the consumer, parent or guardian should file an appeal with the MCO, using its appeal process. Interested parties may also request a State of Kansas Fair Hearing either at the same time as the appeal to the MCO or following the MCO action on the appeal. An appeal or state fair hearing request must be filed within 30 days (33 days if mailed) of the last action taken by the entity against which the appeal is filed.
- The TCM can explain the appeals process or provide a form for the appeal. The TCM can make a referral to legal assistance or the KanCare Ombudsman. The KanCare Ombudsman can assist individuals with locating resources and information they need to navigate the appeals process. The TCM is not allowed represent the individual in the appeals process because that would be providing a direct service. Additionally, the MCOs have grievance and appeals departments that can assist them with MCO grievances or appeals.

4. Other significant, related questions

- **Who will help Individuals find jobs?**

The TCM and CC should work together as a team to identify appropriate employment opportunities.

- **Who helps the Individual get specialized care?**

The TCM will work with the Care Coordinator. The Care Coordinator will work to identify and authorize needed services

- **Whose responsibility is it to ensure that approved doctors are actually accepting new Medicaid patients?**

Whoever is making the appointment (e.g., TCM, parent, guardian, or other responsible person) should confirm with the doctors that they are accepting new Medicaid patients prior to setting the appointment.

- **Who will help with housing needs and/or changing service providers?**

The TCM and/or CC should work together on housing needs related to HCBS and Medicaid. The CDDO can also assist with locating community resources to meet an individual's needs and with identifying provider capacity to serve an individual. CDDOs will retain responsibility to ensure that choice is provided if a consumer expresses a desire to change providers. A Choice Form, which is required, can be completed by a TCM to submit for changes in residential, day or other providers.

- **Who is the one "go-to" person for the individual, family or support network to contact for services and support?**

Under normal circumstances the "go-to" person is the TCM unless a consumer chooses to contact someone else.

- **How are complaints/suggestions handled?**

If an individual has a complaint with an MCO, their complaints can be made orally or in writing. The MCO member handbooks outline the specific processes. If the individual has a complaint with his or her CDDO, the complaints must follow the appropriate process as identified by each individual CDDO. If the individual has other complaints or concerns, has an MCO complaint or would like to provide suggestions, the KanCare Ombudsman is available to listen. If the individual has a complaint/suggestion about the CDDO or provider, the KDADS Quality Assurance Manager should be notified. Additional provider complaints can be entered into the KDADS provider-issues tracking log, which is accessible on the KDADS web site, and sent to the MCO. If the complaint is in regard to an adult in need of care, it should be reported to the appropriate protective agency.