

**KanCare Advisory Council Meeting Minutes of  
March 30, 2023**

**Council Members Attending Via Zoom:**

Larry Martin, Chairman  
Dr. Rebecca Reddy  
Ed Nicholas  
Susan Harris  
Walt Hill  
James Bart

**Council Members Absent:**

Lora Key  
Susan Concannon  
Mark Hinde  
Beth Simpson  
Allen Schmidt  
Jay Rowh

**Other Participants:**

Sarah Fertig, Medicaid Director, Kansas Department of Health and Environment  
Christine Osterlund, Deputy Chief Operating Officer, Kansas Department of Health and Environment  
Drew Adkins, Assistant Commissioner for Behavioral Health Services, Kansas Department for Aging and Disability Services  
Michele Heydon, Interim Commissioner for Long Term Services & Supports, Kansas Department for Aging and Disability Services  
Jane Brown, Aetna Better Health of Kansas  
Stephanie Rasmussen, Sunflower Health Plan  
Celia Ruiz, United Healthcare Community Plan

**Welcome and Introduction – Larry Martin, Chairman**

Larry Martin welcomed the council members.

**Review and Approval of Minutes from Council Meeting December 7, 2022**

Attendance of council members did not reach a quorum; therefore, the December 7, 2022 meeting minutes were not approved. Review and approval will remain on agenda for June 22, 2023 meeting.

## **Old Business – KanCare Advisory Council**

### **Homebound Frail Elderly receiving meals thru COVID funds – Allen Schmidt**

Mandy Flower, who was previously researching this issue, is no longer with KDADS. Michele Heydon is the new LTSS commissioner. The PD (Physical Disability) waiver has a service called Home Delivered Meals. This service is not on the FE waiver, though the frail and elderly can receive meals through services such as Meals on Wheels. In previous KanCare Advisory Council meetings, it was suggested that ARPA funds (Covid funds) be used as a short-term solution to fund such a service, but the long-term goal would be to amend the waiver and add the service. However, amending the waiver would have a fiscal impact. KDADS will look into getting it added, but it is partially up to legislature. It would be put in KDADS budget, then the governor's budget, then the legislature would have to approve it. CMS puts up some funds, but the state must match the funds for every waiver dollar spent. Topic will remain on old business.

### **What is our plan for researching other State's remedy to solve the nursing and PCA shortages; and what is the status of the challenges on the administrative side? – Ed Nicholas**

Ed Nicholas was unable to get ahold of the board of regents but spoke with several nurses about the nursing and PCA shortage. Michele Heydon informed the council that Medicaid is unable to compete with private hospital rates and is unable to retain or hire adequate staff. KDADS is looking into virtual options to supplement nurses. Allen suggested going directly to the Board of Regents to see if there is a shortage of nursing graduates. The Board of Regents is outside the scope of KanCare, but the KanCare Oversight Committee closely monitors private duty, nursing, and personal care attendant shortages. The Committee meets quarterly, with the next meeting in April 2023. This legislative committee is working continuously on this issue and will continue to do so. Allen Schmidt will contact the board of regents. Topic will remain on old business.

### **Percentage of HCBS cases pending that cannot be staffed by home care agencies – Larry Martin**

Stephanie Rasmussen of Sunflower stated that Sunflower is not aware of any current members waiting on a provider of PCS or nursing services that doesn't have one or plan to have one, but there are members with providers struggling to staff their cases and members self-directing care that prefer to have a provider but no provider is available in the area. Sunflower has a set of satisfaction questions that they ask their members quarterly. Reported satisfaction for 2022 with availability of HCBS in home service providers with HCBS members is 81%. Reported satisfaction for HCBS members with their ability to get services started timely is 87%.

Melody Dowling of United stated that it is less common for members to not be receiving any HCBS services, and more common for HCBS providers to not have all of the assessed hours staffed. Across all waivers, on average, 70% of authorized hours are staffed. Some providers are able to be 90% staffed, some less. HCBS offers enhanced rates, single case agreement, and paying for mileage to entice workers. To remain on the waiver, members must receive at least 1 HCBS service per month, so the issue is not that they aren't receiving any services at all, the issue is with fully staffing the hours. Damon Adams, LTSS director for Aetna Better Health reported the number of individuals waiting for each of the waivers. For the FE waiver, 58 awaiting services; For the PD waiver, 35 awaiting services; for the BI waiver, 11 are awaiting services; for the TA waiver, 11 are awaiting services; for the IDD waiver, 6 are awaiting services; for the SED waiver, 0 are awaiting services; and for the AU waiver, 8 are awaiting services. This totals 129 individuals, or 1.8% awaiting services who are covered by Aetna. He added that Aetna has had a similar experience to United and Sunflower with staffing of HCBS cases.

Topic has been removed from old business.

### **Review Current Membership of the Advisory Council and discuss recommendations for new members and their specialties – Larry Martin**

Dr. Rebecca Reddy suggested adding a dentist and OBGYN to the council. Larry asked if other members have more ideas to let him know, and he will pursue the council suggestions. Topic will remain on old business.

## **New Business – KanCare Advisory Council**

**Due to the low reimbursement rates for HCBS, each MCO has a waiting list for clients awaiting agencies to accept and provide care. How many clients are approved for home care services but are awaiting an accepting agency? – Larry Martin**

Item was removed from new business.

**Discuss the short term and long-term plans to bring down waiver waiting list numbers, especially for IDD – Allen Schmidt**

The IDD waiting list has increased substantially. KDADS, with their additional American Rescue Plan funds, funded a Kansas State University study on the wait lists for the PD and IDD waivers. They are looking into what services people are waiting for and what services are needed going forward. This data will help KDADS by showing what services individuals will need once they come off the list. In 2022, the legislature sponsored an IDD modernization panel. One recommendation was to make the community support waiver an additional IDD waiver, which would provide different services. Many States have more than one IDD waiver. If legislature passes the proviso, KDADS will work on developing that waiver using ARPA funds. These are long term goals. Topic will move to old business.

**Ongoing challenges, especially with Third Party Liability in CCBHC billing to MCO's – Walt Hill**

Walt thanked Pat Satterly with Drew Adkins' team for their effort with helping with CCBHC billing. Walt requested an update before the next cohort on the resolution of the challenges they have been facing, such as they are just now able to have their claims forms accepted. The next KDADS quarterly cohort is July 1. Topic will move to old business.

**Recent request and reminder about reporting issues with Non-Emergency Medical Transportation (NEMT) services- is there a concern statewide? – Walt Hill**

NEMT complaints make up most of the member complaints received. It is a challenge for most Medicaid programs. One reason for this is that it is federally required to use the cheapest form of transportation, which often includes carpooling. Dr. Rebecca Reddy asked about using UBER and LYFT for NEMT. MCOs work with transportation brokers, some of which use LYFT. Sunflower use UBER and LYFT. Aetna vendor uses UBER or LYFT as an option- protocol requests 3 days ahead, but in emergency they will send someone. Topic will move to old business.

**KMAP General Bulletin 23044 – Medicaid Mental Health Services by Licensed Mental health Professionals (LMHP) in Nursing Facilities – Walt Hill**

Walt thanked those involved with KMAP General Bulletin 23044. Topic will be removed from new business.

**Concerns statewide among pediatricians about children's access to medical care in Kansas due to pandemic related problems and low payment causing lack of provider participation in KanCare – Dr. Rebecca Reddy**

- 1. Is there Data the state can share?** The MCO's have provided information on this. Sunflower shows 100% coverage for children, 4347 providers accepting children at 1284 location across state. This information was looked at by county and showed 100% coverage for children. Providers don't always say when they close a panel, so when a family or member calls with concerns, Sunflower contacts the provider in their area that is showing open, and lets the provider know the member needs accepted. United is going through their data but is working on the request.
- 2. What percentage of children with KanCare are up to date on well child visits, immunizations and dental exams?** KDHE has looked into this information, but it is a more in-depth data project than could be completed.
- 3. Provide roster of primary care providers who are accepting children with KanCare with their practice address.** More time is needed to gather this information. Topic will move to old business.

**KDHE Update – Janet Stanek, Secretary, Kansas Department of Health and Environment, Sarah Fertig, Medicaid Director, Kansas Department of Health and Environment and Christine Osterlund, Director of Operations/COO, Deputy Medicaid Director, Kansas Department of Health and Environment**

Sarah Fertig provided a federal update on the Public Health Emergency (PHE) declaration expiring on May 11, 2023. Some disaster related Medicaid flexibilities will be impacted by the expiration; KDHE and KDADS are taking appropriate action to phase out flexibilities no longer needed and make permanent those flexibilities that are still needed. The Federal Omnibus bill was signed by the president in late December 2022. Among other things, the Omnibus bill: Decoupled the COVID-19 PHE from the requirement in effect since March 2020 that Medicaid Programs keep members enrolled unless the member dies, moves to another state, or asks for Medicaid benefits to be terminated. That rule is known as the “continuous eligibility” requirement, was established April 1, 2023 as the end of the continuous eligibility period. It requires states to begin unwinding from continuous eligibility by April 1, 2023, with the first eligibility terminations to occur no earlier than April 1, 2023.

On February 15 the state submitted to CMS its plan to unwind from continuous eligibility. The plan is publicly posted on the KanCare website. The plan itself is simple- it calls for initiating eligibility redeterminations over a 12-month period based on when each member’s case is up for renewal. Kansas is one of only 12 states whose unwinding plan was approved by CMS without any mitigation plan needed. During the PHE, Medicaid eligibility staff could continuously update each members renewal date by pushing renewals out by four months. The first batch of renewals are those currently due for renewal in April 2023. The renewal packets were mailed the week of March 12. For this first batch of renewals: for members whose continued eligibility we were able to determine without additional information (aka “ex parte renewals”), they will receive a letter indicating that we’ve determined they’re still eligible; for all other members, the letter will ask that they return information to the KanCare Clearinghouse so we can determine their eligibility. If that information is not received by mid-April, they will be placed on the discontinuance list and notice of their eligibility ending will be mailed out around April 18. KDHE has been working with providers and foundations to help get the word out to members about upcoming renewals. We will also be working with the MCOs to ensure members have every opportunity to submit their renewal timely.

KanCare contract procurement. The state will reuse RFP stakeholder input sessions in late March. We have two stakeholder input sessions planned for March 28, and four more public input sessions scheduled for mid-April. Information about the public sessions will be posted on the KanCare website once those details are available. All sessions will be virtual. The state plans to release the RFP in early Fall 2023, with contracts to be awarded late winter/early spring 2024.

KanCare 1115 Waiver. The current 1115 waiver expires on December 31, 2023. The 1115 waiver is the source of federal authority for the state to operate Medicaid. There are other sources of federal authority that would allow the state to operate KanCare in the same manner it is now. The state is exploring these options. KDHE timely submitted the state’s plan to shift authority for Medicaid managed care from the current 1115 waiver to a combination of authorities: a 1915(b) waiver, a 1932(a) state plan authority, and a small 1115 waiver for the remaining portions of KanCare that cannot be implemented through other authorities.

Future of the KanCare Advisory Council. One current unknown with respect to the new managed care authorities is how it might impact the KanCare Advisory Council. The Council fulfills one of our current 1115 waiver Special Terms and Conditions. The current KanCare 1115 waiver encompasses the entire Medicaid managed care program. However, with the change in authorities, the new 1115 waiver will only cover small pieces of the KanCare program, and the rest will be under authorities that do not require special advisory bodies to oversee the program. At this time, we are not sure what requirement, if any, CMS will have to continue an advisory body such as the Council. We will keep the Council updated as we negotiate new special terms and conditions with CMS.

**KDADS Update – Drew Adkins, Assistant Commissioner for Behavioral Health Services, Kansas Department for Aging and Disability Services and Michele Heydon, Interim Commissioner for Long Term Services & Supports, Kansas Department for Aging and Disability Services**

Drew Adkins provided an update on Behavioral Health Services. The current MCO wait list as of March 16, 2023, was 103. Of the 103 individuals, 36 were in foster care, which is up 26 from the previous report. The current number of PRTF licensed beds is 392 (this number decreased due to Camber Hays moving/opening their new PRTF, which decreased their licensed capacity from 50-18, a decrease of 32 beds). 125 of these beds are not being used by providers due mainly to staffing shortages and COVID-19 protocols shrinkage. The current census is 267 total, of which 101 are foster care youth. KDADS continues to meet with MCOs and DCF weekly to review individual cases on the wait list. All three MCOs continue to make good progress on connecting members to community services. KDADS continues to analyze referral data from MCOs by CMHC catchment area to determine if SED waiver services are being applied for and provided prior to referral to PRTFs.

KDADS contracted with KVC Hospitals (now known as Camber Children’s Mental Health Center, or CCBHC) to open and maintain operation of a new facility through June 30, 2027. The new Camber Hays facility will be at 3000 New Way boulevard in Hays, Kansas. The ribbon cutting was on January 27, 2023 and Camber Children’s Mental Health is in the process of opening in February. The facility will have 14 beds for children’s psychiatric inpatient hospital treatment. The new facility will participate in the State Institution Alternative Program.

CCBHC Updates: KDADS CCBHC program staff started baseline reviews with the first 9 CCBHCs in October 2022 and have finished their reviews. KDADS continues to monitor any barriers or issues observed regarding service delivery with implementation of the CCBHC model and will provide comprehensive updates on trends noticed soon. KDADS continues towards onboarding and readiness for the next schedule of CMHCs to become CCBHCs by July 1, 2023. KDADS received a SAMHSA CCBHC Planning Grant designed to help prepare Kansas craft an application to become a CCBHC demonstration project state. This award is \$1 Million and mostly focuses on enhancing staffing recourses to help continue onboarding entities interested in becoming a CCBHC.

Client Assessment Referral and Evaluation (CARE). The 2022 CARE Annual Report is out and available for viewing on KDADS website. KDADS continues to recruit temporary workers and assistance from current BHS/KDADS staff to work on the Medicaid and non-Medicaid nursing facility admission assessments still pending data entry into the system. KDADS is also working with the Area Agencies on Aging to find ways they can help with data entry and correspondence of special admissions and Level I assessments. KDADS CARE and KDHE Eligibility staff are working together to provide communication to vested internal and external stakeholders about the CARE/PASRR and nursing facility admission assessment process. In efforts with KHCA/KCAL, KDADS has set up a monthly CARE Office Hours for facilities, staff, and stakeholders to join and talk about issues or barriers with the CARE process and any thoughts, ideas or feedback.

Michele Heydon, LTSS Commissioner of Department for Aging and Disability Services.

HCBS Waiver Requirements. State HCBS Waiver Programs must: Demonstrate that providing waiver services won’t cost more than providing these services in an institution, ensure the protection of peoples health and welfare, provide adequate and reasonable provider standards to meet the needs of the target population, and ensure the services follow an individualized and personal-centered service plan. Waivers are an agreement with the federal Centers for Medicare and Medicaid Services (CMS) of what services are offered and how we provide services to different populations. These waiver applications cover everything from assessment, level of care, duration amount and scope of services, ensuring health and welfare, program evaluation, and appeal rights.

Authorities of Waivers: 1115- Research and Demonstration Waiver used for experimental pilot demonstration projects, a flexible way for states to try new things to help people covered by Medicaid- “waives” some regular

Medicaid rules. 1915 (b) waiver allows states to provide certain services to specific populations, “waives” some regular Medicaid rules. State Plan, the main agreement between a state and the federal government for running Medicaid Program, ensures a state will follow federal rules and receives the federal share of Medicaid money. Ensures people receive the benefits required under Medicaid, as well as optional programs. 1915 (c) waiver, or HCBS, allows a state to change the rules to deliver better home and community-based services, “waives” some regular Medicaid rules. Kansas operates seven Home and Community Based Service Waiver Programs: Autism (AU), Frail Elderly (FE), Intellectual and Developmental Disability (IDD), Physical Disability (PD), Serious Emotional Disturbance (SED), Technology Assisted (TA), Brain Injury (BI). The largest waiver is the IDD waiver at 9043, with 4804 people on the wait list.

**Autism Waiver Overview.** The Autism Waiver was established in 2007 and provides support and training to parents of children ages 0-5 years with an Autism Spectrum Disorder (ASD) diagnosis to help ensure children with ASD can remain in their family home. The Autism waiver offers three services designed to support families: Respite Care, Family Adjustment Counseling, Parent Support and Training (peer to peer) Provider. Additional Autism Services are available to all qualifying Medicaid Recipients through the Medicaid State Plan. These services include: Interpersonal Communication Therapy, Consultative Clinical and Therapeutic Services (Autism Specialist) and Intensive Individual Supports. Autism Waiver Proposed Recipient List: The Autism Waiver utilizes a “proposed recipient list” as a way to maintain a list of individuals with an appropriate diagnosis that have continued interest in receiving services associated with the Autism Waiver. The proposed Recipient list varies from the IDD and PD waitlists in that proposed recipients have not yet been found functionally eligible for the waiver. Current number of children on the proposed recipient list is 378.

**Frail and Elderly Waiver Overview.** The Frail Elderly (FE) waiver was established in 1997 and provides Kansas seniors an alternative to nursing home care. The program promotes independence within the community and helps to offer residency in the most integrated environment. Services available include personal care, assistance with household tasks and health/medical services. Point of Entry: Seniors may request a level of care evaluation from their local ADRC. To be eligible for the FE Waiver, an individual must meet the following criteria: must be 65 years of age or older; be financially eligible for Medicaid; meet the Medicaid long term care threshold. The FE Waiver does not have a waitlist for services.

**Intellectual and Developmental Disability Waiver Overview.** The Intellectual and Developmental Disability (IDD) Waiver was established in 1991 and delivers community-based services to individuals aged five and older who have a developmental disability, meet the definition of intellectual disability and who are eligible for care in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID). Services are designed to help individuals with IDD maintain their physical and mental health in their home and community. To be eligible for the IDD Waiver program, an individual must meet the following criteria: Must be 5 years of age or older; have a diagnosis of intellectual disability made by a licensed healthcare professional before the age of 18; have a diagnosis of developmental disability made by a licensed healthcare professional before the age of 22 years; Must be determined program eligible by the Community Developmental Disability Organization (CDDO); meet the Medicaid long-term care threshold; be financially eligible for Medicaid. There is a single point of entry for the HCBS IDD waiver program in Kansas. The CDDO determines eligibility and will work with the participant and/or their family to access services from a variety of Community Service Providers in their area. The services offered on the IDD Waiver allow participants to live in the community as independently as possible in a single-residence or group-home settings. Examples of services available include: Personal Care Assistance: help with bathing, toileting, laundry, light housekeeping, and health-related care. Other services include day programs, medical alert device rental, financial management services, sleep support, supportive employment and wellness monitoring. 9,075 individuals currently served on the HCBS IDD Program, current number of individuals on the waitlist is 4,493.

Contributing factors to waiting list: Funding to support caseload increase is needed, workforce training and compensation issues. Next steps: Study of support needs of individuals on the IDD Waiver Wait List. Estimated

cost for study, including assessment of each individual on the Wait List is \$1.15 million (\$575,000 SGF). Waiting List Study. The Kansas University Center on Developmental Disabilities (KUCDD) is the contractor for this study. Aim 1: Collection, Compilation, and Analysis of Existing Data. Data Gathering and Analysis- to inform data-driven decision-making about planning to effectively and efficiently serve people on the waiting lists, leading to better outcomes for Kansans with IDD, and their communities. Aim 2: Collection and Analysis of Current and Future Support Needs. Data analysis- analyze the current and future service needs of individuals on the IDD waiting lists; Methodology Development- develop a methodology to identify individuals at risk for crisis; Track and Trend Data- to inform decisions regarding system capacity building and reducing the waiting lists for services; Report- submit a detailed report including goals, outcomes, and recommendations regarding services. Timeline- The project will run from July 2022 through March 2023.

**Physical Disability Waiver Overview.** The Physical Disability (PD) Waiver Program was established in 1997 and serves individuals age 16 to 65 years of age who meet the criteria from nursing facility placement due to their physical disability. Services available under the PD waiver program include personal and assistive services, sleep support, and medical alert device rental and personal emergency response systems, as well as installation of those systems.

**Point of Entry:** People may request a level of care evaluation from their local ADRC. To be eligible for the PD Waiver, an individual must meet the following criteria: Be at least 16 years of age and no older than 65 years; be determined disabled by the Social Security Administration; need assistance to perform activities of daily living; meet the Medicaid long-term care threshold; be financially eligible for Medicaid. There are 6,029 individuals on the HCBS PD Program, the current number of individuals on the wait list is 2,064. Waiver offer round starting next week- 300 individuals. Average time on the waitlist is approximately two years. Contributing factors to Waiting List: Funding to support caseload increase is needed; workforce training and compensation issues.

**Serious Emotional Disturbance Waiver Overview.** The Serious Emotional Disturbance (SED) waiver was established in 1987 and provides children with some mental health conditions intensive support so that they may remain in their homes and communities. The term “serious emotional disturbance” refers to a diagnosed mental condition that substantially disturbs a child’s ability to function socially, academically, and/or emotionally. To be eligible for the SED waiver, an individual must meet the following criteria: Be ages 4-18 years of age; have a diagnosed mental health condition which substantially disrupts the ability to function socially, academically, and/or emotionally; be at risk of inpatient psychiatric treatment; be financially eligible for Medicaid; meet CAFAS assessment threshold for eligibility.

The Community Mental Health Centers (CMHCs) are the point of entry for the SED waiver. The CMHCs conduct the CAFAS assessment to determine functional eligibility. Community Mental Health Centers provide services covered by the program such as individual and group therapy, parent support and training, independent living skills to help waiver participants to continue their education and to eventually become unemployed and obtain transportation and housing. These services also include short-term respite care for the child family caregivers and direct support in the form of attendant care. Children in this waiver program are provided with a wraparound facilitator who works with their families and providers to set treatment goals and decide on specific services for the children and their families. The SED waiver does not have a waitlist for services.

**Technology Assisted Waiver Overview.** The Technology Assisted (TA) waiver program was established in 1995 and serves individuals from birth through 21 years of age who are chronically ill or medically fragile and dependent upon a ventilator or other medical device to compensate for the loss of vital bodily function. Eligible individuals require substantial and on-going daily care by a nurse comparable to the level of care provided in a hospital setting to avert death or further disability. In addition to the medical technology dependent criteria, the child must meet nursing acuity needs criteria that identifies the level of skilled and unskilled care that is necessary to support the individual with care needs so that he/she may remain in his/her own home. To be eligible for the TA waiver, an individual must meet the following criteria: Meet the HCBS Technology Assisted Program definition; require one or more of the identified primary medical technology(ies) and meet the minimum technology score for the specified age group; meet the minimum nursing acuity level of care threshold for the specified age group; be financially eligible for Medicaid.

There are multiple points of entry for the TA waiver including ADRC, hospitals, Children’s Resource Connection, and the KDADS Program Manager. The MATLOC Eligibility Specialists determine functional eligibility via the MATLOC assessment. The TA waiver does not have a waitlist for services.

**Brain Injury Waiver Overview.** The Traumatic Brain Injury (TBI) waiver program was established in 1986. In 2019, a Legislative Proviso directed an expansion of the TBI waiver to include acquired brain injuries and children under 16. The Brain Injury (BI) waiver and serves individuals, both youths and adults, who have sustained either an acquired or a traumatic brain injury and who would otherwise require institutionalization in a BI rehabilitation facility. A traumatic brain injury (TBI) is a type of brain injury caused by an external force, such as a blow to the head or a violent shaking of the head and body. An acquired brain injury (ABI) is a type of brain injury that occurs after birth and is caused by internal factors such as disease, infection, toxic exposure, or lack of oxygen. Symptoms of both TBI and ABI can range from mild to severe and include cognitive, physical and emotional impairments. This waiver program provides the services needed after injury to ensure that individuals can stay in their homes and be as independent as possible in a safe, healthy environment. The BI Program is not considered a long—term care program and is designed to be a rehabilitative program that provides therapies and services that allow the individual to improve and become able to rely less on supports as independence increases. To be eligible for the BI waiver, individuals must meet the following criteria: Have an acquired or traumatic brain injury and provide medical documentation to support the BI; meet the criteria for BI rehabilitation hospital placement (which is determined by the screening); be financially eligible for Medicaid; Be determined disabled or have a pending determination by the Social Security Administration; have active rehabilitation needs. Services that can be offered under the BI waiver program include rehabilitation therapies such as physical therapy and speech therapy, cognitive rehabilitation, personal services to assist in completing tasks of daily living, a medical-alert device, transitional living skills, home-delivered meal services and medication reminder services. Currently, the BI Waiver does not have a waitlist for services. The majority of people complete their rehabilitation therapy goals and come off the waiver between years two and three.

**Update from KanCare Ombudsman – Kerrie Bacon, KanCare Ombudsman Office (written-only)**

Document emailed prior to meeting.

**Updates on KanCare with Q&A**

***Aetna Better Health of Kansas – Jane Brown***

Jane Brown provided a brief update. Document emailed prior to meeting.

***Sunflower Health Plan – Stephanie Rasmussen and Diana Erickson***

Stephanie Rasmussen provided a brief update. Document emailed prior to meeting.

***United Healthcare Community Plan – Celia Ruiz***

Celia Ruiz provided a brief update. Document emailed prior to meeting.

**Next Meeting: KanCare Advisory Council Meeting (Q2) – June 22, 2023, 2:00-4:00 pm.**