

# Summary of KanCare Annual Post Award Forum Held 11.20.15

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The KanCare Special Terms and Conditions, at item #15, provide that annually “the state will afford the public with an opportunity to provide meaningful comment on the progress of the demonstration. At least 30 days prior to the date of the planned public forum, the state must publish the date, time and location of the forum in a prominent location on its website. ... The state must include a summary of the comments and issues raised by the public at the forum and include the summary in the quarterly report, as specified in STC77, associated with the quarter in which the forum was held. The state must also include the summary of its annual report as required in STC78.”

Consistent with this provision, Kansas held its 2015 KanCare Public Forum, providing updates and opportunity for input, on Friday, November 20, 2015, from 3:00-4:00 pm at the Curtis State Office Building, Room 530, 1000 SW Jackson, Topeka, Kansas. The forum was published as a “Latest News – Upcoming Events” on the face page banner of the [www.KanCare.ks.gov](http://www.KanCare.ks.gov) website, starting on October 21, 2015. A screenshot of that face page banner is included in the PowerPoint document utilized at the forum (set out below). A screen shot of the notice linked from the KanCare website face page banner is as follows:

**KanCare Update + Q & A**

**2015 Public Forum**

Please join us for progress updates and Q&A regarding the KanCare Program...

Date: Friday, Nov. 20, 2015  
Time: 3:00-4:00 pm  
Place: Curtis State Office Bldg.  
Room 530  
1000 SW Jackson  
Topeka, KS

**Staff from Kansas Department of Health and Environment, and from Kansas Department for Aging and Disability Services, will provide progress updates and answer your questions regarding the KanCare Program. Please join us!**

At the public forum, 13 KanCare program stakeholders (providers, members, and families) attended and participated, as well staff from the Kansas Department of Health and Environment; staff from the Kansas Department of Aging and Disability Services; and staff from the KanCare managed care organizations. A summary of the information presented by state staff is included in the following PowerPoint document:



## **2015 KanCare Public Forum Updates & Opportunity for Input**

Friday, November 20, 2015

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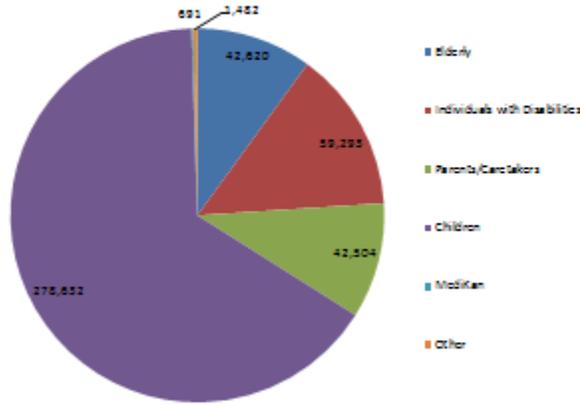
### **Agenda for Today**

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- Review Some KanCare Information And Updates
  - Medicaid Members & Expenditures
  - KanCare Expenditures
  - Provider Network
  - Value Added Benefits
  - Grievances, Appeals and State Fair Hearings
  - Waiver Integration
  - Other KanCare Member Issues And Updates
  
- Receive Questions, Suggestions And Other Feedback
  - Note Cards
  - Follow Up – Today And After

# Medicaid Members - General

Eligibility Composition      Calendar Year 2015 (January – September)

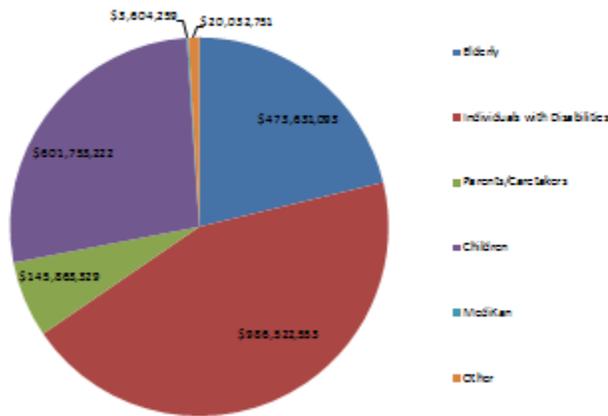


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# Medicaid Expenditures

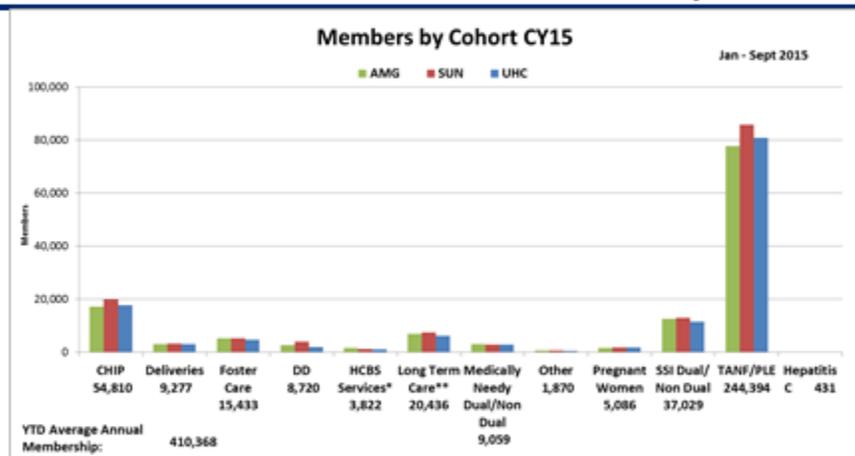
Expenditure Composition      Calendar Year 2015 (January - September)



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# KanCare Member Groups

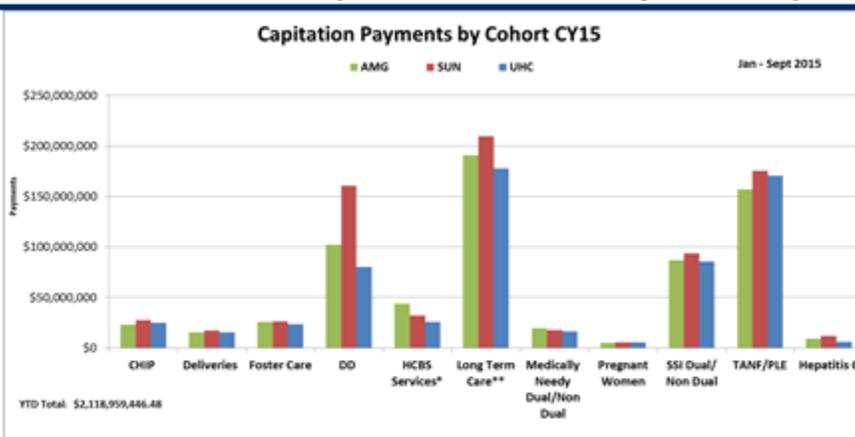


\*HCBS Services includes Autism, Severe Emotional Disturbance, Technology Assistance, and Traumatic Brain Injury  
 \*\*Long Term Care includes Nursing Facilities; Money Follows the Person – Frail Elderly and Physical Disability Services; and the Physical Disability and Frail Elderly Waivers

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# KanCare Expenditures by Group



\*HCBS Services includes Autism, Severe Emotional Disturbance, Technology Assistance, and Traumatic Brain Injury  
 \*\*Long Term Care includes Nursing Facilities; Money Follows the Person – Frail Elderly and Physical Disability Services; and the Physical Disability and Frail Elderly Waivers

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## Provider Networks & VAB Totals

KanCare Provider Networks	
KanCare MCO	Number of Unique Providers as of 9/30/15
Amerigroup	15,954
Sunflower	20,226
United	20,840

Value Added Benefits – January-September 2015 Summary			
KanCare MCO	Total Members YTD	Total Units YTD	Total Value YTD
Amerigroup	17,494	26,013	\$792,589
Sunflower	102,703	126,440	\$2,162,143
United	12,815	13,003	\$450,851
<b>Statewide Totals</b>	<b>133,012</b>	<b>165,456</b>	<b>\$3,405,583</b>

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## Value Added Benefits

Amerigroup	Members YTD	Total Units YTD	Total Value YTD
Adult Dental Care	202	3,031	\$351,693
Member Incentive Program	507	8,915	\$199,311
Mail Order OTC	805	7,520	\$125,996
Healthy Families Program	31	70	\$36,250
Pest Control	42	177	\$22,187
Smoking Cessation Program	114	169	\$18,681
Additional Respite Care for DD Waiver Population	6,433	496	\$6,100
Additional Respite Care for Autism Waiver Population	3,037	2,005	\$5,964
Weight Watcher Vouchers	4,449	93	\$3,430
Hypoallergenic Bedding	3	30	\$2,973
<b>2015 YTD (Jan-Sept) GRAND TOTAL</b>	<b>17,494</b>	<b>26,013</b>	<b>\$792,589</b>

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## Value Added Benefits

Sunflower	Members YTD	Total Units YTD	Total Value YTD
CentAccount debit card	37,864	63,380	\$1,311,600
Dental visits for adults	3,489	13,607	\$522,667
Smoking cessation program	477	477	\$114,480
Disease and Healthy Living Coaching	33,636	33,636	\$93,012
Start Smart	2,322	2,359	\$66,406
SafeLink®/Connections Plus cell phones	399	399	\$19,084
In-home caregiver support/ additional respite	59	3,153	\$16,747
Lodging for specialty and inpatient care	48	106	\$8,586
Community Programs for Healthy Children: Boys & Girls Clubs	379	379	\$3,683
Hospital companion	4	677	\$2,200
Meals for specialty and inpatient care	26	67	\$1,675
<b>2015 YTD (Jan-Sept) GRAND TOTAL</b>	<b>102,703</b>	<b>126,440</b>	<b>\$2,162,143</b>

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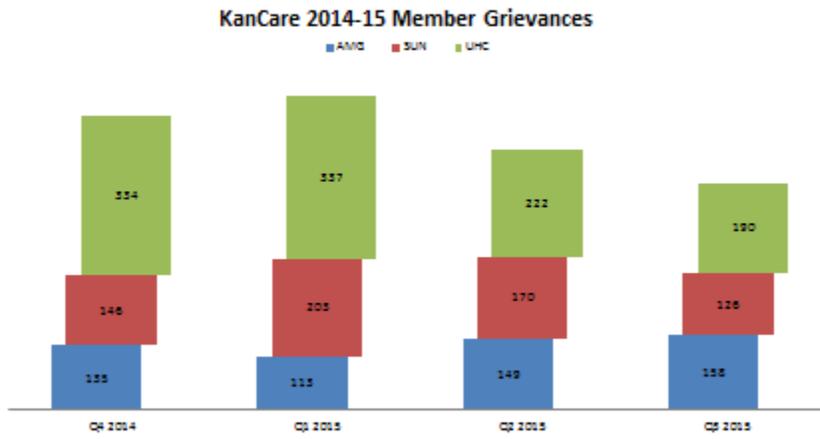
## Value Added Benefits

United (Displaying VABs with \$600 or more utilization YTD)	Members YTD	Total Units YTD	Total Value YTD
Adult Dental Services	1,484	1,484	\$68,493
Additional Vision Services	973	973	\$120,039
Membership to Youth Organizations	1,103	1,103	\$33,250
Baby Blocks Program and Rewards	808	808	\$47,995
Peer Bridgers Program	151	151	\$37,044
Join for Me - Pediatric Obesity Classes	14	14	\$33,000
Adult Briefs	341	366	\$34,952
Weight Watchers - Free Classes	256	256	\$30,464
KAN Be Healthy Screening Age 3 to 19 - Debit Card Reward	2,054	2,054	\$20,340
Home Helper Catalog Supplies	473	473	\$16,633
Additional Podiatry Visits	68	68	\$14,079
Infant Care Book for Pregnant Women	902	902	\$11,726
KAN Be Healthy Screening (Birth to 30 months - Debit Card)	603	661	\$6,610
Sesame Street - Food For Thought	152	152	\$3,320
Medications Calendar	2,083	2,083	\$3,296
Adult Biometric Screening - Debit Card Reward	199	199	\$2,983
Mental Health First Aid Program	13	13	\$1,799
Join for Me - Reward for Completion of Program	33	33	\$1,750
Asthma Bedding	18	18	\$936
Weight Watchers Reward - Reward for Completing Classes	12	12	\$600
<b>2015 YTD (Jan-Sept) GRAND TOTAL</b>	<b>12,815</b>	<b>13,003</b>	<b>\$450,851</b>

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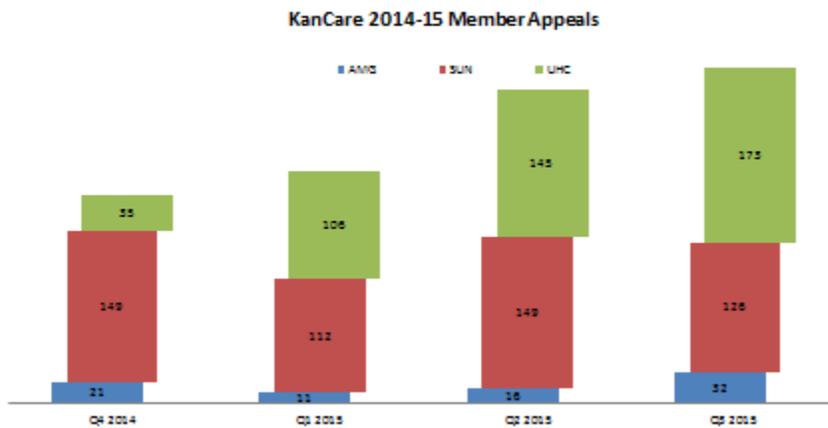
# Member Grievances



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# Member Appeals

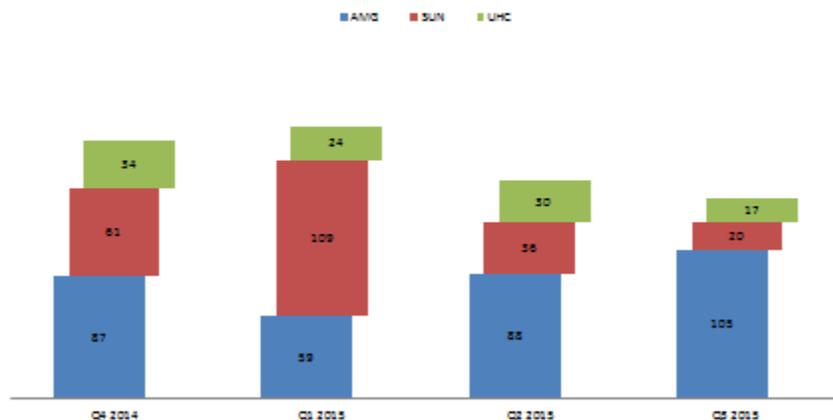


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## State Fair Hearings

2014-15 Provider & Member State Fair Hearings



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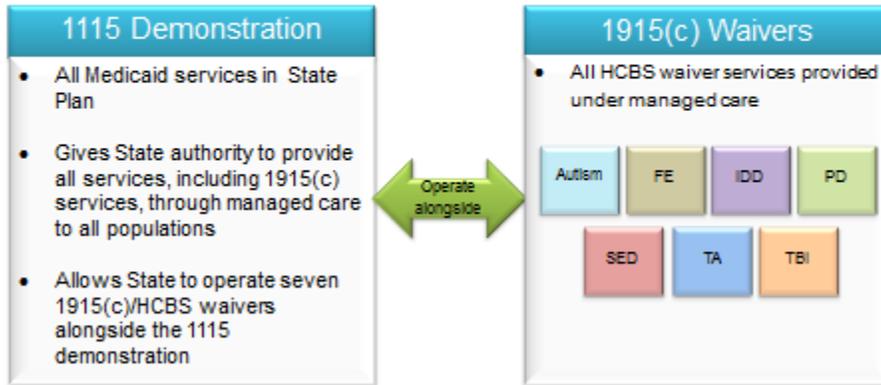
## Waiver Integration – What Is It?

**Full integration of seven 1915(c) waivers into the 1115 waiver**

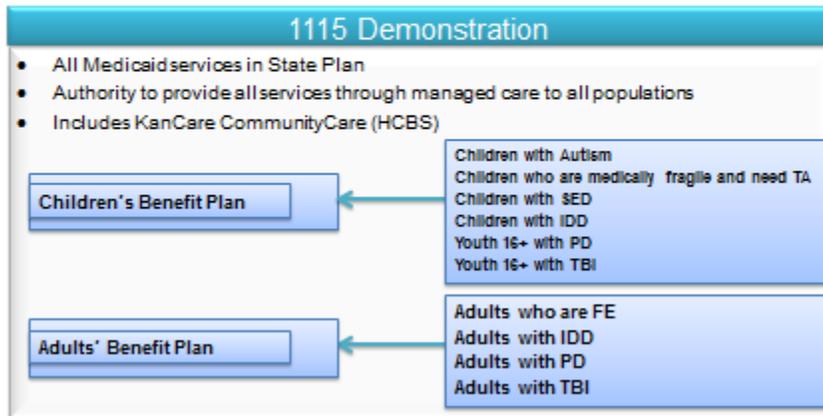
- Entrance to HCBS will remain the same; services fall into two broader categories: adults and children
- Eligibility requirements/process remain the same
- Children will continue to be entitled to all medically necessary services identified through Early Periodic Screening Diagnosis and Treatment (EPSDT)
- All members continue to be entitled to medically necessary state plan services in KanCare
- Services will be authorized through personalized plans of care

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## Waiver Integration – Why?

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- To create parity for populations served through Home and Community Based Services (HCBS) – services should be based on a personalized plan of care and centered on an individual's needs rather than their disability
- To offer a broader array of services – some individuals have disabilities that qualify them for more than one HCBS program, but they are limited to a single set of services

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## Waiver Integration – Why? cont

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- To improve moves between HCBS Programs and in transitioning from child to adult services
- To support development and expansion of community-based services
- To make things simpler for KanCare members, their families, and providers

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## Waiver Integration - Stakeholder Input

- Two rounds of statewide information sharing sessions and listening tours (including evening sessions and conference call options).
- Focused work of Waiver Integration Stakeholder Engagement (WISE) workgroup
  - 100 stakeholders across all disability groups, providers, consumers and families
  - Five focus groups worked over four, 4-hour sessions, making numerous recommendations

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## WISE Workgroup Recommendations

### **Access, Eligibility and Navigation:**

1. Waitlists
  - Eliminate if possible
  - Cost savings should be applied to waitlist reduction
2. No change to pathway to eligibility
3. Eliminate the child and adult population service packages and combine into one
4. Develop basic 1115 waiver training and deliver to interested stakeholders

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## WISE Workgroup Recommendations

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### **Service Provision and Limitations:**

1. Expand employment supports
2. Combine certain services
3. Establish new services

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## WISE Workgroup Recommendations

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### **Provider Qualifications and Licensing:**

1. Reduce administrative burdens and streamline processes for providers
2. Ensure qualified providers
3. Maintain choice for providers and participants

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## WISE Workgroup Recommendations

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### Policy and Regulation Review:

1. Develop an Operational Council to assist with policy review and development specific to waiver integration.
2. Develop a Policy Advisory Council to assist State staff in the development and revision of policy.
3. Develop a specific plan for communication regarding regulation and policy.
4. Collaborate with stakeholders to write an integrated waiver program manual and develop policies to further operationalize aspects of the program manual.

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## WISE Workgroup Recommendations

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### Education, Training and Communication:

1. Make sure all documents use both person-first language and plain language at the sixth grade level.
2. Continue to bring state staff and all stakeholders together to communicate, collaborate, and work together.
3. Utilize a variety of mediums to provide training and education.
4. Require provider training on integrated waiver before providers are allowed to provide waiver services.

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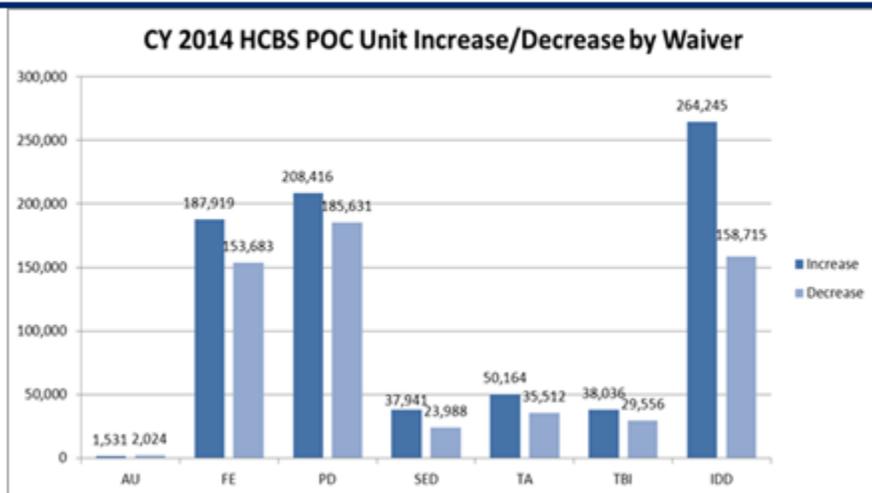
## Other Member Issues - KDADS

- IMD Exclusion
- Progress on Physical Disability Waiver – Waiting List
- HCBS Settings – Transition Plan

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## Other Member Issues–KDADS, cont



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## Q&A / Input / Suggestions / Next Steps

- Note Cards
  - Write out your question/suggestion / input
  - Include your name and phone # or email address for feedback
- Next Steps
  - Address what we can here today
  - Follow up on individual questions/suggestions as needed
  - Summary of today's forum and your input/follow up will be included in the next KanCare quarterly report

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More Information/Updates: [www.KanCare.ks.gov](http://www.KanCare.ks.gov)



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A summary of the questions from participants, with responsive information provided, is as follows:

#	Public Forum Participant Question	Summary of Response																
1	Please explain change in staffing for Medicaid eligibility. When will that occur?	Effective January 1, 2016, the Kansas Department of Health and Environment (KDHE) will be responsible for processing and maintaining the Elderly and Disabled medical assistance cases, instead of the Kansas Department for Children and Families (DCF). Additional details about this change will be posted to KDHE’s website, and also will be distributed to providers, members and other stakeholders in mid-December. Training sessions will be held in advance of the change for providers who are involved in the related eligibility process.																
2	What is the hypothesis for the integrated waiver?	The values that will continue to govern include: right service, right person, right time. In addition, we anticipate it will result in a broader array of service options for people.																
3	Will procedures for entry into the integrated waiver be the same across MCOs?	Eligibility paths will stay the same. However, MCOs are not responsible for this process and the related procedures; eligibility policies and decisions remain the state’s responsibility, which is implemented via other contractors and separate from MCO responsibilities.																
4	Please give a status update on the DD waiting list.	There are currently 3,584 people waiting. There are 8,753 people receiving I/DD waiver services, plus 38 people receiving I/DD services via the Money Follows the Person program.																
5	Will the KanCare Consumer Workgroup continue to function during the integrated waiver discussions?	The KanCare Consumer and Specialized Issues Workgroup, has been in operation since before the KanCare program launched, and the current plan is that it will continue. New members were selected for that workgroup earlier in 2015; it is set to meet in December, 2015; and it will continue in operation indefinitely.																
6	Regarding slide #26 [plan of care increases/decreases in units, by waiver] –# of persons experiencing increases/decreases would be helpful.	<p>Yes – we have that information and have previously published it; it will be included also as part of the summary of this meeting:</p> <div style="text-align: center;"> <h3>2014 HCBS Plans of Care</h3> <table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="2">2014 HCBS Plans Of Care</th> </tr> <tr> <th colspan="2"></th> <th>Increases</th> <th>Decreases</th> </tr> </thead> <tbody> <tr> <th># HCBS Customers with a Change</th> <td></td> <td>13,154</td> <td>12,720</td> </tr> <tr> <th>Total Units of Change</th> <td></td> <td>801,065</td> <td>-602,904</td> </tr> </tbody> </table> <p><small>Many people with changes likely had both increases and decreases; as a service is added or increased on a plan of care, it could reduce the need for another service. In total, there were more increases than decreases.</small></p> </div> <p style="text-align: center;">3 </p>			2014 HCBS Plans Of Care				Increases	Decreases	# HCBS Customers with a Change		13,154	12,720	Total Units of Change		801,065	-602,904
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		Increases	Decreases															
# HCBS Customers with a Change		13,154	12,720															
Total Units of Change		801,065	-602,904															
7	Out of the 100 stakeholders how many are representative of each group? I.e. consumer, family and so on. How do they pick them? When you do more focus groups will it be new group?	Concerning the process of selection, KDADS asked for volunteers to participate in the waiver integration working groups. The volunteers submitted applications and were selected with an attempt to ensure a balanced representation from each waiver population and allow for first time volunteer access. I/DD representation was approximately 37%; PD/FE 24%; and the remaining populations were represented at a lower rate. This is attributed to the fact the IDD and PD																

		representatives turned in a disproportionately higher number of applications. We will be holding a second round of stakeholder working group meetings after the first of the year.
8	When will KEES be fixed?	The multiple system changes that are reflected in the KEES system were launched effective 7.1.15. We knew there would be, and there have been, some transition challenges and we have been very actively managing and resolving them timely. This system is significantly more complex than the previous system for staff working with it (in our effort to make it more end user friendly and accessible for members and providers), so there has been – as anticipated – a learning curve. This did contribute to a short-term delay in processing applications, which has been the focus of our improvement efforts. That delay has been decreasing and is moving toward resolution and toward what we plan as the fully operational/stabilized state.
9	What is the current timeframe for eligibility?	Our goal is a 45 day decision timeframe. That is not always happening yet, but is where we are headed, and in the meantime we have a quick turnaround process in place for time-sensitive and critical need applications.
10	Is there any way KDHE can enforce the one-year timely filing limit with the MCOs?	This is an issue based on a contractual relationship between providers and MCOs. The default standard is a 180 day timely filing, but if there is an exception to that either by contract with the MCO or on a situation-specific basis, providers should request that of the MCOs. If there are questions or concerns about this issue, providers should contact their provider representative at the applicable MCO to address them.
11	Is KDHE aware that the MCO's transition to ICD10 has caused several denials on claims incorrectly? I.e., claims being denied stating "incorrect CLIA #" when that is false?	We had not heard of that being an issue, but certainly as part of the healthcare system-wide shift to ICD 10 effective 10.1.15, there is the potential for things needing to be tweaked. KDHE will have our provider relations staff reach out to the questioner to review and assist with resolution of this concern.
12	Could you provide examples of new services you are considering?	Support broker
13	We have some questions/concerns about personal care services currently being received. These issues would assist with staff retention: <ul style="list-style-type: none"> <li>• There is no allowance for paid training for these workers, who understandably do not want to come in for training without pay.</li> <li>• We would like to have the option of family (in this case, parents of person receiving the service) supplementing the rate of pay for personal care workers.</li> </ul>	These are important issues and KDADS will follow up with the questioner to get additional details and provide responses/guidance as to options.