Summary of KanCare Annual Post Award Forum Held 12.19.17

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 2017 KanCare Public Forum, providing updates and opportunity for input, on Tuesday, December 19, 2016, from 3:00-4:00 pm at the Memorial Hall Auditorium, 2nd Floor, 120 SW 10th Avenue, Topeka, Kansas. The forum was published as a “Latest News and Events” on the face page banner of the www.KanCare.ks.gov website, starting on November 6, 2017. A screen shot of the notice linked from the KanCare website face page banner is as follows:
At the public forum, approximately 20 KanCare program stakeholders (providers, members, and families) attended, 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 documents:
KanCare Utilization

- Members have used their Primary Care Physician 19% more with KanCare.

- Members are more likely to attend their appointments; Transportation up 58%.

- Costly inpatient hospital stays have been reduced by 30%.

- Emergency Room use down by 6%.

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>% Utilization</th>
<th>% Utilization Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician</td>
<td>19%</td>
<td>56%</td>
</tr>
<tr>
<td>Transportation</td>
<td>56%</td>
<td>-9%</td>
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<tr>
<td>Inpatient Non-ER</td>
<td>9%</td>
<td>-30%</td>
</tr>
<tr>
<td>Outpatient ER</td>
<td>-30%</td>
<td>-5%</td>
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<tr>
<td>Dental</td>
<td>30%</td>
<td>2%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>2%</td>
<td>17%</td>
</tr>
</tbody>
</table>

As of October 2017

KanCare HCBS Waiver Utilization

- Waiver members have used their Primary Care Physician 15% more with KanCare.

- Members are more likely to attend their appointments; Non-Emergency transportation use up 52%.

- Costly inpatient hospital stays have been reduced by 18%.

- Emergency Room use up by 1%

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<thead>
<tr>
<th>Type of Service</th>
<th>% Utilization</th>
<th>% Utilization Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician</td>
<td>19%</td>
<td>52%</td>
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<tr>
<td>Transportation NEMT</td>
<td>52%</td>
<td>-6%</td>
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<tr>
<td>Inpatient Non-ER</td>
<td>-16%</td>
<td>-10%</td>
</tr>
<tr>
<td>Outpatient ER</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Dental</td>
<td>23%</td>
<td>12%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>12%</td>
<td>27%</td>
</tr>
<tr>
<td>Vision</td>
<td>27%</td>
<td>31%</td>
</tr>
<tr>
<td>HCBS Services</td>
<td>31%</td>
<td>SED, DD, PD, F.E, Autism, TA, and TBI</td>
</tr>
</tbody>
</table>

As of October 2017

KanCare Cost Comparison

![Graph showing cost comparison between CY 2006 and CY 2019]
KanCare New Services

at no cost to the State

Top 3 Services by Expenditure

- Disease and Healthy Living Coaching: $542,767
- Adult Dental Services: $770,443
- 100,404 Care Account Incentive Program

Top 3 Services Accessed by Members

- Disease and Healthy Living Coaching: 45,450
- Adult Dental Services: 45,450
- 100,404 Care Account Incentive Program

Since the beginning of KanCare, members have been provided more than $18 million dollars in total value of services they did not have access to under old Medicaid at no cost to the state.

CHIP Reauthorization

Current Funds Expire in March 2018

CHIP Reauthorization legislation currently discussed in House and Senate bills

- Kansas Medicaid has developed contingency plans if CHIP is reauthorized or if it is not. This plan includes:
  - New eligibility category to align with CHIP eligibility
  - System changes to support new eligibility determination
  - Notification plan for individuals enrolled in CHIP
  - Transition from CHIP to Medicaid

CHIP Reauthorization

Additional State Expenditures from CHIP not being reauthorized:

- SFY 2018 Forecasted budget impact:
  - SGF: $37,719,937
- SFY 2019 Forecasted budget impact:
  - SGF: $53,355,911
Opioid Strategy

5 Key Domains:
1. Opioid Supply Policy
   Reduce number of opioids prescribed and in medicine cabinets in Kansas.

2. Opioid Demand Policy
   Introduce alternative pain strategies and develop step-down protocols to reduce the number of people needing intensive opioid-based pain management regimens.

3. Opioid Treatment Policy
   Expand access to proven treatments for opioid use disorder and dependence.

Opioid Strategy

5 Key Domains:

4. Opioid Prevention Policy
   Implement programs to educate on dangers of opioids and on preventive measures to reduce the number of conditions that require intensive pain management.

5. Opioid Enforcement Policy
   Work with law enforcement and the Attorney General's office to identify and prosecute illegal sales and trafficking of synthetic and diversion opioids.

Current KanCare Opioid Activities

1. KanCare Prescribing Guidelines
   Update KanCare Opioid prescribing guidelines to be reviewed by KDHE leadership and ultimately presented to the Drug Utilization Review (DUR) board in January 2018.
   - Led by KDHE Leadership and DHCF,
   - Supply-side policy to reduce opioid prescriptions.

2. Kansas Prescription Drug Prevention Workgroup
   Grant funded workgroup targeting treatment and recovery activities, with the remainder going to prevention, early intervention and public education.
   - Led by Bureau of Health Promotion, and KDADS,
   - Treatment and prevention policy directive.
Current KanCare Opioid Activities

(Continued)

3. KanCare 2.0 – 1115 Waiver
   Institutions for Mental Diseases (IMD) Exclusion as part of
   1115 waiver

4. Other Meetings with key stakeholders
   Attorney general (enforcement initiatives), University of
   Kansas Heart and Stroke Collaborative (PCORI opioid grant
   proposal), Board of Pharmacy (K-TRACS roadmap),

KanCare Corrective Action Plan (CAP) Update

- Kansas Medicaid Enterprise (KME) is on schedule to complete all tasks
  by December 2017 as required in the CAP
- KME has met with CMS bi-weekly throughout CY 2017 to obtain CMS
  support and approval for completing CAP tasks
- Where CMS identified deficiencies, KME is developing operating
  procedures to better guide staff monitoring tasks
- KME is finalizing system components for real-time reporting of long-
  term services and supports (LTSS) critical incidents
- KDADS is revising policies for its person-centered planning process to
  be more member-centric for members receiving home and community-
  based services (HCBS)

KanCare Corrective Action Plan (CAP) Update (Continued)

<table>
<thead>
<tr>
<th>CAP Progress by Task Area</th>
<th>% of Tasks Completed</th>
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</thead>
<tbody>
<tr>
<td>Administrative Authority</td>
<td>77%</td>
</tr>
<tr>
<td>Person-Centered Planning</td>
<td>82%</td>
</tr>
<tr>
<td>Provider Access and Network Adequacy</td>
<td>85%</td>
</tr>
<tr>
<td>Participant Protections</td>
<td>79%</td>
</tr>
<tr>
<td>Support for Beneficiaries</td>
<td>92%</td>
</tr>
<tr>
<td>Stakeholder Engagement Process Development</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Overall % of CAP Tasks Complete</strong></td>
<td><strong>83%</strong></td>
</tr>
</tbody>
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HCBS November Monthly Summary

2017 Waiver Renewals:

Autism Waiver Renewal:
- KDADS received CMS approval for the Autism waiver on 6/14/17.
- 60 currently receive services; more children will get services due to transfer of some autism waiver services to the State Plan under the new waiver.

SED Waiver Renewal:
- KDADS received CMS approval for the SED waiver on 4/28/17.
- Currently the CMHC provides all eligibility determinations, plan of care development, and provision of services.
- KDADS is pursuing a contact with third-party assessors to perform side by side assessments to address conflict of interest issues.
Waiting List:
Current Efforts

UDD Waiting List
- 8,995 individuals on the HCBS UDD Program as of 12/15/2017
- Current number of individuals on the Waiting List is 3,630
- 374 people have been offered services for CY 2017
- 200 UDD Wait list offers were made in August

PD Waiting List
- 5,922 individuals on the HCBS PD Program
- Current number of individuals on the Waiting List is 1,467
- 1,182 people have been offered services for CY 2017
- 390 PD waitlist offers were made in September

The HCBS Monthly Summary is posted on the HCBS page at www.kaads.ks.gov
Average Monthly Caseload for State Institutions and Long-Term Care Facilities

Average Census for State Institutions and Long-Term Care Facilities

Behavioral Health Initiatives:

**Kansas Systems of Care:**
- KDADS received a four-year federal grant to create, expand, and sustain trauma-informed care, family-driven, and youth-guided SOC approach for addressing the needs of children and youth with SEDs and their families. This will be accomplished through a partnership between KDADS, the Community Engagement Institute and four regional CMHIs.
- For more information, please see: www.kdads.ks.gov/SOC

**NFHM Training:**
- To address a lack of access to training on mental health for direct service workers, particularly in Nursing Facilities for Mental Health, KDADS has established a grant program to provide funding to support and expand mental health education within Medicaid and/or Medicare certified nursing homes in Kansas.
After presentation of the update information from both KDHE and KDADS, participants were offered the opportunity to present questions or comments for discussion. Most of the comments and questions were related to the proposed 1115 waiver renewal, including how the proposed work requirement would affect KanCare eligibility. Several stakeholders expressed concern that the requirement would result in KanCare members losing coverage without jobs that provide health insurance. Three stakeholders expressed concern with state HCBS data, stating that it is not consistent with other sources. One commenter expressed a desire for more frequent meetings with stakeholders. One person stated that even if new money was available to significantly reduce HCBS waiting lists, there is not sufficient capacity in the community. He argued that the State needs a plan for developing this capacity. Finally, one person asked for strong permanent language in the proposed new KanCare managed care contracts related to participant self-directed services.