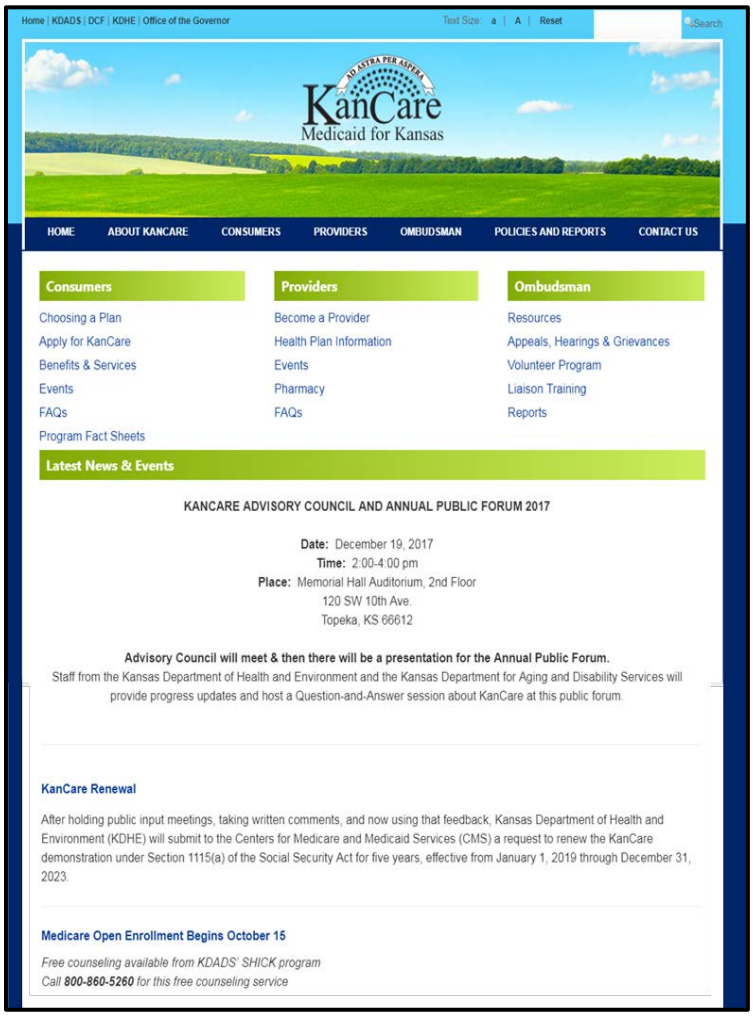
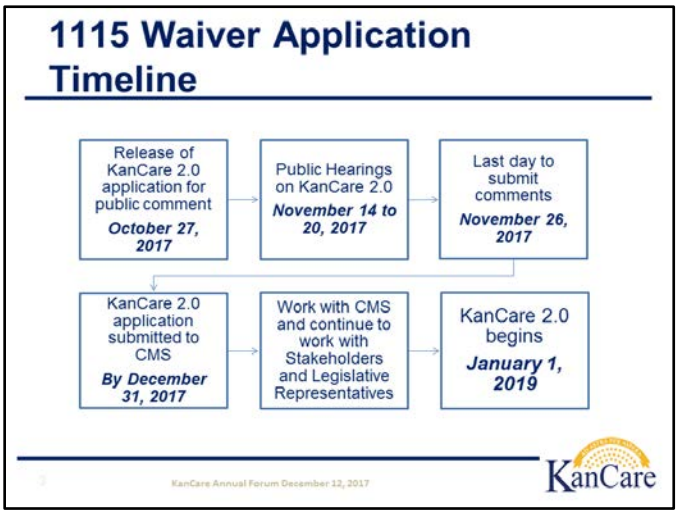
Summary of KanCare Annual Post Award Forum Held 12.19.17

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%.

KanCare Utilization KanCare vs. Pre-KanCare (2012)	
Type of Service	% Utilization Difference
Primary Care Physician	19%
Transporation	58%
Outpatient Non-ER	9%
Inpatient	-30%
Outpatient ER	-6%
Dental	30%
Pharmacy	2%
Vision	17%

As of October 2017

KanCare HCBS Waiver Utilization

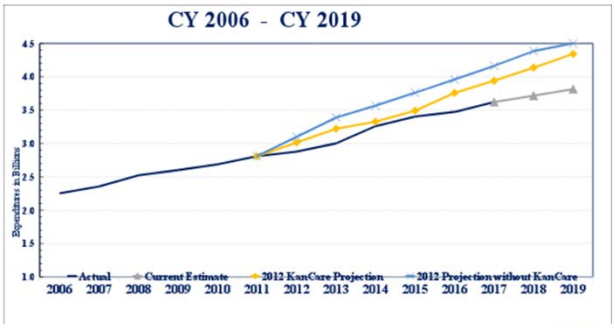
- Waiver members have used their Primary Care Physician 19% more with KanCare.
- Members are more likely to attend their appointments; Non-Emergency transportation use up 52%.
- Costly inpatient hospital stays have been reduced by 16%.
- Emergency Room use up by 1%

KanCare Utilization In Waiver Population KanCare vs. Pre-KanCare (2012)	
Type of Service	% Utilization Difference
Primary Care Physician	19%
Transporation NEMT	52%
Outpatient Non-ER	6%
Inpatient	-16%
Outpatient ER	1%
Dental	23%
Pharmacy	12%
Vision	27%
HCBS Services	31%

SED, DD, PD, FE, Autism, TA, and TBI

As of October 2017

KanCare Cost Comparison

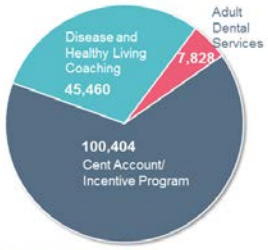


KanCare New Services

at no cost to the State

Top 3 Services by Expenditure

Top 3 Services Accessed by Members



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.

KanCare
Calender Year 2017 YTD

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

KanCare

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

KanCare

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)

CAP Progress by Task Area	
Task Area	**% of Tasks Completed**
Administrative Authority	77%
Person-Centered Planning	82%
Provider Access and Network Adequacy	85%
Participant Protections	79%
Support for Beneficiaries	92%
Stakeholder Engagement Process Development	100%
Overall % of CAP Tasks Complete	**83%**

KanCare Advisory Council and Annual Public Forum

KDADS Update

December 19, 2017

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HCBS November Monthly Summary

HCBS Program	Description of Services	Number of People Eligible to Receive HCBS Services		Number of People on Wait List	Number of Proposed Recipients
		Without MFP	MFP		
Autism	This program provides services to children with Autism to receive early intensive intervention treatment and allow primary caregivers to receive needed support through services.	55			279 (as of 11/30/17)
SED (Serious Emotional Disturbance)	The Home and Community Based Services (HCBS) Serious Emotional Disturbance (SED) Waiver serves as an alternative to inpatient psychiatric treatment for children and youth with mental health disorders.	3,189			
TA (Technology Assisted)	This program serves individuals who are age 0 through 21 years, chronically ill or medically fragile and dependent upon a ventilator or medical device to compensate for the loss of vital bodily function and require substantial and ongoing daily care by a nurse or other qualified caregiver under the supervision of a nurse to avert death or	496			
FE (Frail Elderly)	This program provides an option for Kansas seniors who receive Medicaid and qualify functionally to receive community based services as an alternative to nursing facility care. Services include personal case, household tasks, and health services.	4,817	58		
TBI (Traumatic Brain Injury)	This program is for individuals who have sustained a traumatic brain injury and provides rehabilitative services and the needed assistance after injury to insure that individuals can stay in their homes and be as independent as possible in a safe, healthy environment. The HCBS/TBI program serves individuals 16 years of age and	449	4		
I/DD (Intellectual and Developmental Disabilities)	This program serves individuals age 5 and older who meet the definition of Intellectual disability or having a developmental disability or are eligible for care in an Intermediate Care Facility for people with Mental Retardation (ICF/MR).	8,965	28	3,630	
PD (Physical Disability)	This program serves individuals age 16 and older who meet the criteria for nursing facility placement due to their physical disability, who are determined disabled by social security standards, and who are Medicaid eligible.	5,922	103	1,467	

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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.

3

Waiting List: Current Efforts

I/DD Waiting List

- 8,965 individuals on the HCBS I/DD 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 I/DD 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
- 1,162 people have been offered services for CY 2017
- 300 PD waitlist offers were made in September

The HCBS Monthly Summary is posted on the HCBS page at www.kdads.ks.gov

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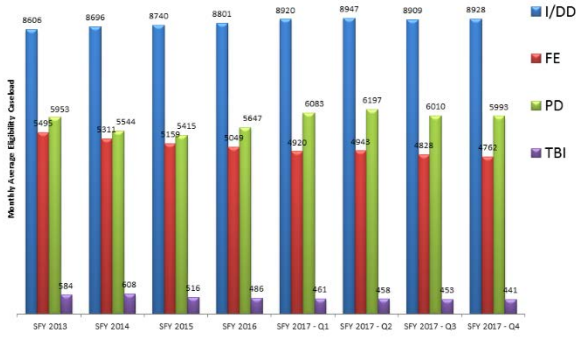
KanCare

Average Monthly Caseload for HCBS



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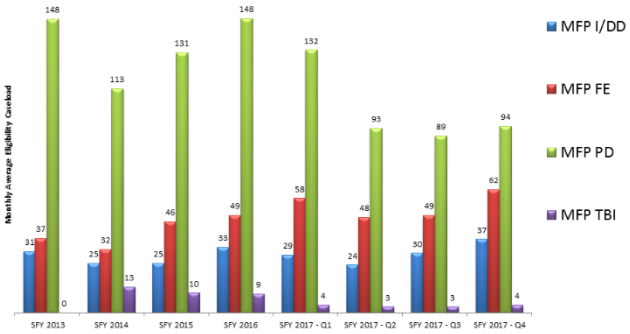
Average Monthly Caseload for HCBS MFP



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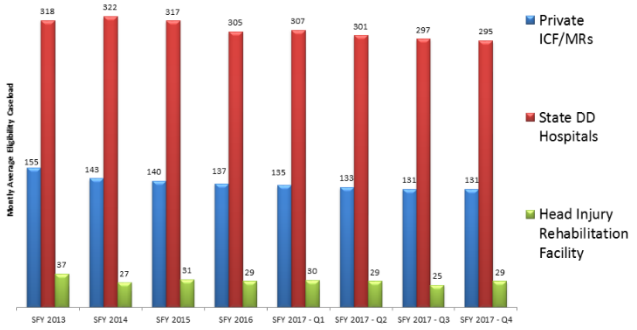
Average Monthly Caseload for State Institutions and Long-Term Care Facilities



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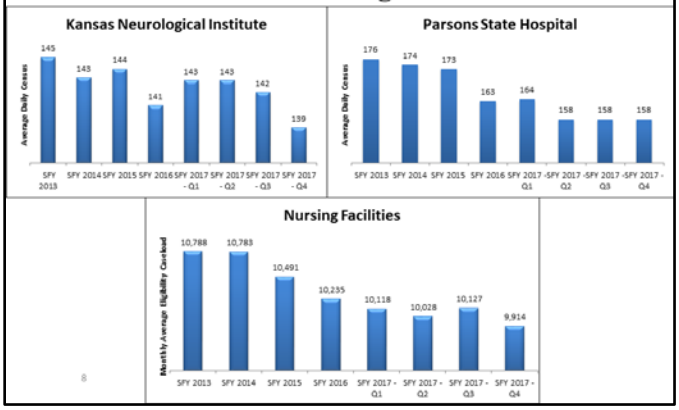
Average Census for State Institutions and Long-Term Care Facilities



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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 CMHCs.
- For more information, please see: www.kdads.ks.gov/SOC

NFMH 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.

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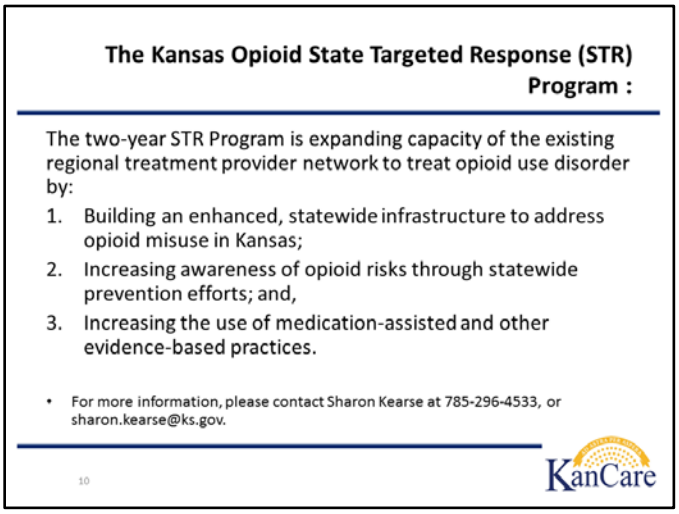
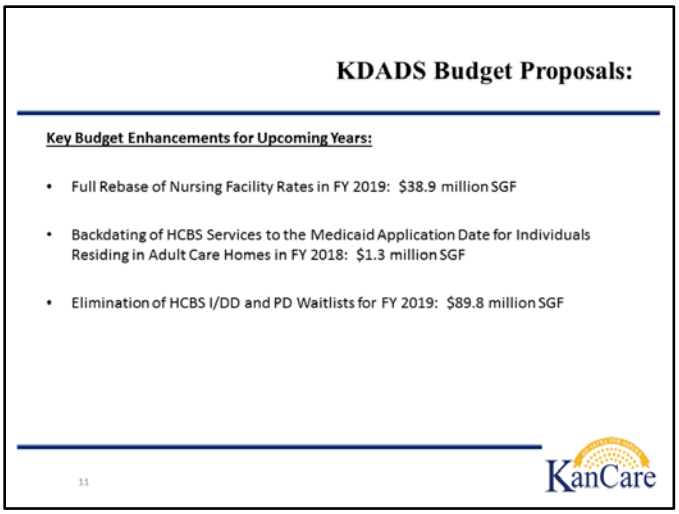
KanCare





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.