

KanCare Consumer and Specialized Issues Workgroup

Meeting Minutes/Notes

March 31, 2016 10:00am to 12 Noon

Amerigroup Kansas, Inc., 9225 Indian Creek Parkway,
Building 32, Suite 400, Overland park, KS, 66210

Committee Members in attendance:

Barb Conant (phone), Brandt Haehn, Brenda Adams, Ed Nicholas, Elizabeth Moran, Hal Shultz, Jay Terry, Karen Gonzalez, Njeri Shomari (phone), and Russell Nittler

Committee Members absent:

Christina Bachman, Deanna Gaumer, Joan Kelley, and Edward Miller

MCOs, Presenters, and additional attendees:

Angie Reinking-United Healthcare, James Bart-KDADS, Karrie Bacon-KanCare Ombudsperson, Keith Dirks-Amerigroup, Kelly Broadhead with Scion (phone), Kim Crawford-United Healthcare, Miranda Steele-Sunflower, Nicole Dubberley-Sunflower, Rick Hoffmeister-KDHE/DHCF and Health Homes Manager, Sharon Traylor-Sunflower, and Stephanie Sanford-support staff of a committee member

Review of 12-18-2015 Minutes/Notes:

Add Barb Conant as 'in attendance' and Kim Crawford to the 'on the phone'.

Approved as amended.

{Changes made and notes posted to the CSI website:

http://www.kancare.ks.gov/advisory_council.htm}

Introductions:

{On the phone: Njeri Shomari, Barb Conant, Kelly Broadhead with Scion}

Each person introduced themselves:

Russell Nittler, I work with KDHE in the Eligibility department.

Rick Hoffmeister, KDHE, Health Homes Manager.

Jay Terry, parent.

Karrie Bacon, I'm the KanCare Ombudsman.

Ed Nicholas, I'm a parent/advocate.

Keith Dirks, with marketing at Amerigroup.

Hal Shultz, advocate.

Stephanie Sanford, support staff {for Hal Shultz}.

Brenda Adams, I'm a consumer and a member of NAMI state board of directors.

Brandt Haehn, I'm the CSP Commissioner at KDADS.

KanCare Consumer and Specialized Issues Workgroup

Miranda Steele, Sunflower Health Plan, marketing, communications, and consumer outreach.

Sharon Traylor, Senior Director of Customer Service for Sunflower Health Plan.

Nicole Dubberley, I'm the Provider Relations rep for Sunflower Health Plan's dental health and wellness.

Angie Reinking, outreach specialist with United Healthcare.

Kim Crawford, United Healthcare marketing.

Elizabeth Moran, DD Council and also a sibling to an adult consumer.

HCBS Update:

Brandt Haehn, KDADS

Brandt spoke to the handouts given to participants.

August of 2015, the PD Waiver waitlist was at 2, 200. Currently we are down to 937 with 600 offers sent out a couple weeks ago. There is still the issue with finding people but the acceptance rate is 50%. We are finding that we are getting closer to contacting people who have been on the waiting list within a year's time. This makes a much better acceptance rate.

The IDD Waiver waitlist is still being reconciled. 25 of the 27 CDDOs have been completed. Johnson and Sedgwick Counties, with bigger numbers, are still in the process of completing theirs. We hope to be complete by May 1, 2016.

Russell and Brandt talked about the importance of Medicaid recipients keeping their address up to date so when they come up on the waitlist, we know where to send the functional assessor. When someone is not eligible for Medicaid but they are eligible for a waiver the ADRC will send a 3160 or notify KDADS of the address of the person. Brandt noted that KDADS is in the process of hiring an ADRC Manager that will improve the communications between KDADS and ADRCs, and keep addresses current for persons on waivers. It makes it a lot simpler on the person, the more we can stay within that time frame with less hurdles to jump through. If you got your functional eligibility assessment done at the beginning when you were first placed on the waiting list, and that's still within a year when you are offered services, you don't have to go through that hurdle again.

A participant asked how many people on the IDD waiver waitlist had been offered slots within the last quarter.

Brandt said he would have to go back to staff. But, what we've been focusing our attention on is making sure that the waitlists are reconciled before we start offering more services. Because we want to make sure before the reconcile, we could be offering services to somebody that's above that. So our top priority for that is to look at the waitlist and make sure that they're accurate. But I think we need to make sure that we're talking about; the by and large the majority of the list was completely accurate. It was the little bit that we

KanCare Consumer and Specialized Issues Workgroup

needed to go in and look at from the switch of the previous way they did the waitlist to today. And the switch in management on how things were done to make it easier and to make where we had less points of failure. I know people don't like to hear 2 or 3 percent, but at least I'm sitting here being honest with you about what we're seeing.

The participant said she understood the 2 or 3 percent but was concerned for the people that have been on the IDD waitlist for 7 years.

Waiver Integration Update:

Brandt Haehn, KDADS

Brandt showed the group how to access the Waiver Integration information on the KDADS website. Referring to the previous meeting discussion on the recommendations and what was done with that information and showing that the information could be accessed on the website. He addressed the top recommendations from the WISE sub groups covering Support Broker, Service Broker, Navigator; Supported Employment; Communication and Education Plan; and Waitlists.

Discussion around the process of notifying CMS. Brandt showed the flow chart and noted about the public comment period.

Concerns that were brought forward were:

- If TERF is part of the package, wouldn't 3 more people involved be intimidating to the Consumer?
- People already on a Waiver are not getting services that would be beneficial to them.
- The individuals get a once a year, 45 minute assessment and the questions, requests for services, and other concerns of the individual or their parent/guardian go unaddressed.
- How will Waiver Integration assist with coming into compliance with the CMS Final Rule?
- Request that KDADS find a way to be more flexible when determining services and/or more frequent visits for assessment.

CMS Final Rule Update:

Brandt Haehn, KDADS

By March of 2019, there's a final settings rule that says you can't use HCBS waiver funds to provide services that aren't community based; they're institutional in nature.

- Requires us to look at all provider we have now and their settings.
 - KDADS and a workgroup have developed a tool that has four portions:
 - Policy and Procedure review
 - Person Centered Support Plan

KanCare Consumer and Specialized Issues Workgroup

- Consumer Interview Component
 - Onsite Review part
 - The tool is available on KDADS website under the tab 'HCBS Final Rule'
- Two types of facilities; Licensed and Unlicensed.
- SAC commission is currently cross walking licensed facilities with their license requirements and against the KDADS tool then going out on the annual reviews.
 - If issues are found; will work with the facilities to have them come into compliance
 - The Unlicensed data is not complete at this time. Brandt will get with staff to determine the number of unlicensed facilities.
 - Example:
 - Here is our licensing component
 - Here's areas we think are deficient against the tool
 - Here's what we're going to do to be able to do that
 - Or put them in heightened scrutiny

We will make every attempt to make the argument a common sense argument. And will make arguments that work for Kansas.

Autism and SED waivers have been extended.

- Autism because of concerns with some of the services we proposed
- SED because of the conflict of interest policy

Health Homes Update:

Rick Hoffmeister, KDHE

Health Homes program is being discontinued. July 1, 2016 moving forward there will be no more Health Homes in Kansas. The Governor did not put the funding for this program into the budget. The budget has been passed. Working with MCOs and Community providers on a transition plan to help those who are actively receiving Health Homes services. The plan for all members is that they will receive some type of Care Coordination when the program ends. This will effect approximately 12,000 to 13,000 individuals. This program was the closest thing we had to a mental illness waiver.

Dental Information:

MCOs

Njeri shared her situation concerning the Medicaid dental benefit where she has to pay for her cleaning because of the way the provider has written her plan of care.

KanCare Consumer and Specialized Issues Workgroup

The MCOs thought the provider was wanting to do a periodontal cleaning, which is not the covered cleaning by Medicaid. The standard cleaning is covered, but if the provider feels you need the periodontal cleaning, which involves scraping below the gum line, that is a cost that the individual will have to pay for. Should the provider attempt to bill a periodontal under the basic cleaning code, that would be fraudulent in nature. There is the possibility, that if you ask for the basic cleaning, the provider may refuse that service because of the individuals health need to have the periodontal cleaning. The provider could be held liable if they only give the individual the regular cleaning instead of the periodontal and the individuals teeth start falling out.

The MCOs do contract with FQHCs facilities that do provide dental and will work with the individual based on income to get them the services that they need.

Njeri expressed the need for dental services to be looked at in the whole person way. To assist individuals to keep their teeth rather than pull them.

Further discussion included how to budget to allow expanded services for dental care. The cost of it, the influx of individuals that have whole mouth issues, having individuals go through constant tooth extractions throughout their lifetime, and medications that cause mouth issues that are out of the control of the individuals.

Everyone was encouraged, should they have strong feelings, to contact their elected officials and encourage them to fund an Adult Medicaid Dental package.

KanCare Ombudsperson Report:

Kerrie Bacon, KDADS

Three topics for today. Kerrie Bacon took the group through the 3 handouts she provided:

Combined Quarterly Report

- Format changed.
 - Started putting all quarters for ease of comparison and transparency.
- A request for the Ombudsman to provide more assistance to individuals with their appeal process as the hearing is very intimidating.

Flow Chart for Application of Eligibility

- Revised version.
 - Took out DCF information
- Added where to send information.
- Suggestions were
 - to change the word 'accepted' to 'approved'
 - Eligibility Fair Hearings require the individual to present the argument that the state employee did not follow state statutes in determining your eligibility.
 - Russell noted in attending Eligibility Fair Hearings, many individuals were requesting an exception and that's not what the Eligibility Fair Hearing is about.

KanCare Consumer and Specialized Issues Workgroup

To find the rules, the website is:

<http://content.dcf.ks.gov/ees/keesm/current/Home.htm>

- The denial letter an individual receives should have the information on how to appeal
- Fair Hearings for Services are different.
- Add the information that the application for KanCare in paper form there are 2 types. If applying online, there is 1.

KanCare Appeal Process

- Update to the location of the MCOs handbooks
- Request for a flow chart representation
- Kerri noted that it is in the process.
- May need to run this by Dorothy Noblit with KDHE

She also noted where the KanCare Ombudsman's website:

<http://www.kancare.ks.gov/ombudsman.htm>

E & D Application:

Russell Nittler, KDHE

Everyone received a new E & D application with all DCF references removed.

- Russell requested ideas on how to improve the paper application.
- HCBS/Assisted Living and HCBS/Not Assisted Living
 - Nursing Home/Not assisted Living
- Or PTRF because 'Or Other/similar' is confusing
 - PTRF not sure if applicable to an elder person
- Examples on the front page of what each HCBS facility may be
 - Put 'See page 1' in darker print.
 - Number or Letter each definition and say 'see 1a on page 1'

Tour of KanCare Website:

Russell Nittler, KDHE

We will try and get to the tour of the KanCare website at another time.

Other Items:

Hal Schultz talked about the Waiver Integration interview he did.

Future Meeting:

Russell said he will alternate meetings between Kansas City and Topeka as the majority of members are from those 2 places. He will ask the MCOs for hosting ability while in Kansas City. No date or time was determined for the next meeting.

KanCare Consumer and Specialized Issues Workgroup

{Next meeting at the time these minutes were typed was determined to be: June 30th, 2016. 10am to 12 Noon. Location: Sunflower Health Plan - 8325 Lenexa Dr. Suite 200, Lenexa, KS 66214}