



Public Comment
1115 Demonstration Amendment
July 15 & 16, 2013

Agenda

- **Overview of KanCare to date**
- **Sec. 1115 Demonstration Amendment Proposal**
- **Public Comments**

KanCare

KanCare went live January 1, 2013, making the State's Medicaid managed care program available for nearly all Medicaid populations (370,000 individuals):

- **Pregnant Women and Children**
- **Aged**
- **Disabled**

The State of Kansas, the three MCOs, the legislature, providers and consumers have worked together to ensure a responsible transition.

KanCare

Accountable Transition:

Multiple avenues for support and troubleshooting:

- State and MCO provider and consumer lines
- Rapid response calls

KanCare Ombudsman, James Bart:

- Contact Volume avg. 70 contacts per week
- Resolution rate of 86%

KanCare Advisory Council

Robert G. Bethell Oversight Committee on HCBS & KanCare

Specialized Stakeholder Workgroups

KanCare

KanCare Dividends:

April 19, 2013 Governor Brownback and KanCare officials announced the recommendation that a portion of projected “KanCare Dividends” be directed towards reducing the waiting lists for the PD and I/DD HCBS waiting lists

The budget as approved includes \$18.5 million in each of FY 2014 and 2015 for waiting list reduction.

Section 1115 Demonstration

January 1, 2013 : KanCare 1115 Demonstration began

The State of Kansas and the Centers for Medicare and Medicaid Services (CMS) agreed jointly to Special Terms and Conditions (STCs) for the KanCare 1115 Demonstration.

STCs for KanCare can be found online at: www.kancare.ks.gov

Section 1115 Demonstration

Proposed Amendment 1115 Demonstration draft amendment made public on June 27, 2013. Can be found at:

http://www.kancare.ks.gov/download/KanCare_1115_Amendment_Public_Comment.pdf

Intention of proposed amendment is to seek CMS approval for three changes to KanCare:

- I. I/DD HCBS inclusion into KanCare
- II. Design/implementation of three new pilot programs
- III. Timeline of Delivery System Reform Incentive Payment (DSRIP) Pool

I. Inclusion of I/DD HCBS

Home and Community Based Services (HCBS) and KanCare:

Five HCBS waivers, with exception of the I/DD waiver, were included in KanCare beginning January 1, 2013

- Serve 12,000 individuals
- Focused on better outcomes instead of paying for volume

Between CY 2004 and CY 2012 States with managed care models of long-term services and supports doubled from 8 to 16

- Projections expect 26 states to have this type of model by 2014.

I. Inclusion of I/DD HCBS

The 2012 Kansas Legislature passed a proviso related to Home and Community Based Services and Targeted Case Management for persons with intellectual and developmental disabilities:

- Exclude until 1/1/2014 long-term services for I/DD community from managed care
- Promote use of pilot or demonstration program to prepare for 1/1/2014 phase-in and implementation

Proposed Amendment seeks CMS approval to no longer carve out these specialized services from KanCare

I. Inclusion of I/DD HCBS

Feedback from the I/DD community during the KanCare development and implementation process focused on:

- Desire to keep Targeted Case Manager (TCM)
- Desire to keep current service providers
- Concern that services will be reduced
- Concern about provider billing processes

I. Inclusion of I/DD HCBS

The Administration developed safe-guard policies designed to address these concerns:

- Individuals keep their case managers under KanCare
- The CDDOs retain their statutory role
 - BASIS/Tier Determination
- I/DD service providers do not change
- KanCare MCOs can not arbitrarily reduce services

To help prepare the transition of the I/DD system into KanCare, a blue-ribbon panel of I/DD stakeholders was formed to develop a pilot

I. Inclusion of I/DD HCBS

I/DD Pilot:

Pilot Committee established in 2012, was tasked with the responsible transition of I/DD HCBS waiver services into KanCare on January 1, 2014.

Pilot Goals:

Relationship building between MCOs and I/DD system
Development/Test of billing systems
Role of MCO with individuals' service needs and TCM

Pilot is voluntary, and has a total of 525 individual participants and 25 provider participants.

I. Inclusion of I/DD HCBS

The 2013 Kansas Legislature passed a proviso which made law the policy safe-guards guaranteed by the Administration:

- Individuals may keep their targeted case managers
- CDDOs retain their statutory role per the Developmental Disabilities Reform Act of 1995
 - BASIS/Tier Determination
- 180 day continuity of care period
- Final authority of changes to plans of care rests with the Kansas Department for Aging and Disability Services

II. New Pilot Programs

The State is requesting approval to implement three new pilot programs:

- 1) Social Security Alternative Pilot
- 2) Supplemental Security Income (SSI) Employment Pilot
- 3) Health Account Pilot

All three designed to aid in the transition from Medicaid to independence, while preserving relationships with providers.

II. New Pilot Programs

Social Security Alternative Pilot:

Pilot Group—

Up to 200 individuals who meet Social Security Administration criteria for disability, but who have yet to receive Social Security Income or Social Security Disability, and are seeking employment

Pilot Services—

Benefit Planning through *Working Healthy*

Funding for personal care and employment supports

- \$1,500 per month

“Medicaid-Like” health coverage while seeking employment

- Physical, Behavioral, and Pharmaceutical

Assistance in obtaining employment

II. New Pilot Programs

Supplemental Security Income Employment Support Pilot:

Pilot Group—

Up to 400 individuals (ages 16 to 60) who are currently on waiting lists for either I/DD services or PD services and willing to become employed

Pilot Services—

Benefits planning provided by *Working Healthy* Benefits Specialists

Information and referral for employment services

Funding for personal care and employment supports

i. \$1,500 per month to purchase care and supports

Medicaid services under KanCare

II. New Pilot Programs

Health Account Pilot:

Pilot Group—

Up to 500 individuals who are currently eligible for transitional Medicaid (TransMed), but have lost eligibility for Family Medical due to increased earnings.

Pilot Services—

Provide option of purchasing health care with an annual pre-loaded debit card worth \$2,000 instead of enrolling in TransMed

- i. insurance premiums
- ii. qualifying health services
- iii. co-pays, deductibles

*By participating, individuals waive Medicaid eligibility for one year

III. DSRIP Pool

The State is requesting approval to change the timeline for the Delivery System Reform Incentive Payment (DSRIP) Pool:

- 1) From CY 2014 to CY 2015
- 2) Continue Uncompensated Care (UC) pool payments to participating DSRIP hospitals

Public Comment

Today's Forum is focused on soliciting your feedback about our proposed amendment to KanCare

Comments can also be emailed to KanCare@kdheks.gov

Any comments received by July 29, 2013, will be included in the summary of comments received during the public comment period