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| KDHE-DHCF POLICY NO: 2015-12-01 | From: Jeanine Schieferecke |
| Date: December 14 , 2015 | KEESM/KFMAM Reference: |
| RE: ERO 43 Transition | Program(s): Elderly and Disabled Medical Programs |

The purpose of this memo is to provide initial instructions regarding the transition of medical assistance eligibility for the Elderly and Disabled programs from DCF to KDHE as required by Executive Reorganization Order 43. This memo is limited to specific actions related to the transition. Additional policy and process changes will be issued in future guidance.

1. Background

Executive Order 43 was issued by Governor Sam Brownback on January 16, 2015. The order requires all medical eligibility determination functions currently performed by the Economic and Employment Services section of DCF be transferred to KDHE. The order does not include child welfare medical assistance (Foster Care and Adoption Support) and medical eligibility determination services for these cases will remain with the Prevention and Protection Services section of DCF. Note also that the order does not alter the roles that the Kansas Department of Aging and Disability Services (KDADS) and the Department of Corrections (KDOC) play in the administration of the medical assistance programs. KDADS will continue to provide management of the long term care programs and youth/young adults with criminal issues who are in foster care will continue to be the responsibility of KDOC.

The ERO provides specific instructions regarding transfer of functionality, funding and staff. For the past few months, a group of staff from KDHE, DCF, and KDADS have been working together to plan the transition of workload. The requirements and directives of the ERO were incorporated into the transition plan and have been approved by agency leadership.

As indicated above, all medical functions currently performed by DCF (with the exception of Child Welfare cases) will now become the responsibility of KDHE. This includes all types of Medicaid as well as MediKan, Refugee Medical, Pre-Release applications and all other types of coverage.

2. KDHE Service Delivery Model

KDHE-DHCF will accommodate the new populations by expanding it's existing service delivery model.

A. KanCare Clearinghouse

The majority of services will be provided by the KanCare Clearinghouse. The Clearinghouse is a centralized eligibility operation in Topeka that currently services the Family Medical populations. The Clearinghouse is operated by Maximus, a contractor that has provided eligibility services for several years. Maximus was recently awarded a new contract through a competitive procurement process that took place earlier this year. With the new contract, the Customer Service, Data Entry and Eligibility functions are being expanded to include the new populations. KDHE will also expand the number of State staff housed at the Clearinghouse. The Clearinghouse will assume primary responsibility for all case processing, including the Supplemental Security Payment Program (SSPP) that is currently processed in Central Office. As with Family Medical, contractor staff are prohibited from making any final Medicaid eligibility determination. This limitation has been incorporated into the new business processes established by the Clearinghouse.

The existing toll free phone line will be used to serve all members. Callers are encouraged to pay close attention to the choices offered once in the automated phone system. A new fax line is being added to support the Elderly and Disabled populations. The phone/fax lines are listed below:

Clearinghouse Toll Free Phone Line (all callers): 1-800-792-4884

Clearinghouse Toll Free TDDY Line (all callers): 1-800-792-4292

Clearinghouse Toll Free Fax Line (Family Medical): 1-800-498-1255

Clearinghouse Toll Free Fax Line (Elderly and Disabled Medical): Available beginning January 1, 2016: 1-844-264-6285

Note the Clearinghouse will not offer a public email option. Although DCF utilized email as a primary communication method, this will not be available at the Clearinghouse at this time., KDHE intends to implement a full-service electronic communication tool to consumers when functionality becomes available through the KEES self-service portal. Until then, consumers are encouraged to call the toll free lines, send changes through mail or fax.

B. Outstationed Workers/Intake Managers

Additional outstationed eligibility workers are placed in locations throughout the state to provide assistance with medical eligibility processes. The current OSW's will continue to focus on Family Medical applications, but the new OSW's will provide a different service – serving as an Intake Manager for the long term care programs. The Intake Manager will serve the following functions:

- a. Support and monitor the application process for individuals seeking community-based long term care services.
- b. During a transition period, determine initial eligibility for all HCBS, MFP and PACE applications. Although the Clearinghouse will eventually assume this responsibility, the IM will handle the approvals for both new and existing consumers as well as any transition between waivers. Note the communication process for these programs will be changing with the implementation of a new Electronic 3160 and 3161 effective 01-01-16. These changes will be described in greater detail in future guidance.
- c. Provide the ability for a face to face meeting with consumers when determined necessary. It is important to stress the IM's are not available to assist the general public with completing applications, gathering information or answering questions. The IM will be available to assist with difficult cases or special situations. Members and potential applicants who need assistance with completing an application are encouraged call the KanCare Clearinghouse with specific questions. Assistance may also be sought from community partners. As indicated above, consumers should utilize the phone lines for questions or eligibility checks.

The existing Out Stationed workers will continue to provide services similar to those offered today, primarily taking Family Medical applications in clinics and specific locations.

C. Coordination between Medical Assistance and Non-Medical Programs

KDHE will continue to work with PPS, Refugee Medical and other programs where medical eligibility is tied to receipt of benefits for another program. Special processes are currently in development to ensure information necessary for medical assistance is adequate and that communication occurs. Additional instructions will be provided.

3. KEES and Document Management Changes

Changes to KEES and other systems are being made to accommodate the new model.

A. KEES Changes

To accommodate the new model, several KEES changes will be placed into production on January 3, but will be integrated into KEES with the December, 2015 release. The details for

the changes will be available in the Release Notes available with the release. The changes include:

- a. **Workflow/Case Organization Modifications** – Two new workload areas will be established in the Clearinghouse LTC and Non-LTC. All E&D cases will be assigned to one of these work locations. Functionality that currently reassigns applications back to DCF following registration is being discontinued. Additional work flow changes include the creation of new tasks and the elimination of several DCF queues.
- b. **Notices and Forms** – Instructions and information regarding the entity responsible for eligibility determinations will change. DCF contact information will be replaced with KDHE/Clearinghouse contact information on all notices and forms DCF contact information will appear on any notice or form sent on or before December 31, 2015. DCF may provide instructions on any notice sent after December 22, 2015 to contact the Clearinghouse for questions. The specific language will appear in an upcoming KEES Daily Dispatch.

Note: Follow the instructions in the Transition section below if consumers submit information to the DCF office after January 1.

- c. **Self-Service Portal** – DCF contact information will be removed from the Self-Service portal. Applicants will be instructed to contact the Clearinghouse for information.

B. Schedule for December, 2015

In order to accommodate all the necessary changes, the normal production schedule for December will be modified:

December 18 - Review Discontinuance for September, 2015 will run. All cases with a review due in September without a Review/IR record will be discontinued. Cases with a review received, but not processed will not be issued a notice. But, notices will be sent on cases with no review on file.

December 20 – KEES December Release. In addition to the changes to support the ERO and reviews as noted below, the release will include several CR's that impact Family Medical cases, including automated M-CHIP eligibility and the creation of the Passive Review response run reason. Additional instructions will be provided regarding those changes.

December 21- MMIS monthly file will process on December 21, 2015. This is the normal monthly file that will create January, 2016 coverage in the MMIS. Note that cases will still show in a DCF caseload for January, as the KEES changes will not be in place in time for this change.

December, 22 – Review Batch for Reviews expiring January 31, 2016 – The review batch that creates February eligibility will be processed. See special instructions below regarding processing these reviews.

January 3– ERO changes in KEES will be available to staff.

C. Imaging and Document Availability

KEES, along with an integrated Image-Now solution, serves as the medical repository for all medical related documents and journal entries. All entities have been using this solution since the implementation of KEES in July, 2015 and all documents and journals since that time are found in the KEES system.

However, critical information received prior to that date is available in a number of different places. The long term plan is to move all of the information from these locations into KEES and Image Now, but that won't be accomplished by January 1. Staff at all levels- including the Clearinghouse, OSW and IM staff, Central Office, ME QC and KEES – will need to access the older or archived information. The following processes have been established when case logs, documents or other information is not available in KEES/Image Now:

- a. **One-Note Information:** An automated conversion of information from DCF EES One-Note into Image Now has been delayed. To provide KDHE staff with necessary information, DCF is providing One-Note access to a limited number of users. An internal process for requesting and retrieving the images in One-Note has been developed. Because access will be limited, staff with access will routinely copy the information into Image Now. This will result in duplicate information being available in Image Now.

Note: Staff processing certain case actions will routinely request all One-Note information. This will include cases where the last review was not processed in KEES.

- b. **Paper Files:** A separate project is currently underway to image the remaining paper case files in DCF offices. Until that process is finalized and completed, staff who need to acquire a paper case file shall request the file by sending an email to the specified address of the DCF region where the file is located:

MedWest@dcf.ks.gov - Files in the West Region

MedEast@dcf.ks.gov - Files in the East Region

MedKC@dcf.ks.gov - Files in the Kansas City Region

MedWichita@dcf.ks.gov - Files in the Wichita Region

All KDHE staff (Clearinghouse, Intake Manager, Central Office, etc) will follow this process. Within two days of the request, DCF will send the file to the KDHE location

making the request. KDHE will not return the file to DCF, so DCF is encouraged to ensure they have access to any necessary documents from the file.

D. KEES Conversion

In addition to the changes being made to KEES, a one-time conversion process is also planned. Although the details are still being finalized, the general conversion plan is outlined below.

- a. **Caseload:** The process will take all existing, open cases and reassign them to the Clearinghouse Worker ID according to the following logic:
 - i. If the DCF-EES program block has an LTC RMT, it will be reassigned to the Clearinghouse LTC worker ID
 - ii. If the DCF-EES program block has a MAGI RMT, it will be reassigned to the Clearinghouse Family Worker ID
 - iii. If the DCF-EES program block is not long term care but has any other medical RMT, it will be reassigned to the Clearinghouse Non-LTC E & D worker ID
- b. **Tasks:** Certain tasks will also be created for the Clearinghouse as part of the conversion process. Tasks will be created in the following instances:
 - i. Cases with a pending application (program block)
 - ii. Cases with a pending review
 - iii. Cases with a spenddown set to expire and a new base period is necessary
 - iv. Other tasks associated to a DCF medical case (except for PPS)

4. Transition Process

A formal transition process has been developed to ensure the transfer of the medical caseload is successful. Although the bulk of cases are in a 'dormant' status (meaning the case is open but there is no current activity on the case) and will be transferred automatically through the KEES transfer as described in Item 3(D) above, special attention is needed for any case with current activity. It is a high priority for both agencies to adequately identify, record, and track any and all pending work for the medical caseload.

It is recognized that DCF will not be able to complete all pending work prior to the transfer. However, work should be completed to the extent possible as described in this memo. In general, the direction is for DCF to finish work that has been started as much as possible. Meaning it is a priority to process items that have been started by DCF. Work received later in the month of December will generally be held and processed by the Clearinghouse in order to ensure DCF completes as many work items as possible.

A. DCF Pending Work Report

The majority of pending work remaining in DCF will be captured on the DCF Pending Work Report. This report will be a compilation of most items that are pending as of COB on 12-29-15. DCF will compile a comprehensive list of work that remains from all sources – including the DCF Tracker, the Pending work drawers and other sources. Items will be recorded onto a single spreadsheet with separate tabs for each region. A template will be provided at a later date.

DCF offices will stop processing most medical work as of COB on 12-29-15. On 12-30 and 12-31, DCF will compile, record, and validate the work items that are still pending and ensure items are adequately captured on the Pending Work Report.

Note: If DCF completes any casework on these days (e.g. lobby traffic, urgent medical need, etc.) an email shall be sent to KDHE according to the instructions in Item H below.

DCF staff is encouraged to continue to work through E-Mail, Phone calls and other documents on 12-30 and 12-31, but will follow the instructions provided in Section 6, Post-Transition Issues.

B. Applications

Applications and other requests for coverage will be processed according to the following guidelines:

- a. **Applications received through Close of Business 12-14-15:** All applications (including new requests for coverage and new program requests) received through COB 12-14-15 will be processed according to 'normal' procedures. This means cases will be imaged, registered and processed by DCF to the extent possible. E-Applications received by the Clearinghouse on or before this date will be sent to the DCF office to process. If a case is sent to the Clearinghouse for MAGI screening/registration, it will be returned to DCF to process. DCF should make every attempt to process these applications
- b. **Applications received on or after 12-15-15:** Applications received on or after 12-15-15 are imaged and sent to the Clearinghouse for registration. DCF shall image all of these applications with a Doc Type of 'Potential CH Application'. It is expected these applications will be completed by the Clearinghouse following the transition. However, if the application is associated with ongoing work (eg request a program, late review) or if there is an Urgent Medical Need identified, DCF will make every attempt to process the application. KDHE Central Office will coordinate these emergency/exception cases.

- c. **Applications received at the Clearinghouse on or after 12-15-15:** All SSP, MIPPA and other applications received at the Clearinghouse on or after 12-15-15 will be identified as likely Clearinghouse cases. DCF is not expected to process these cases unless an urgent medical need or other emergency/high priority issue is identified.
- d. **KEES processes:** All applications received on or after 12-15-15 that are registered by the Clearinghouse will follow current procedures to register. This means if the case is identified as a current DCF case, it will be sent to the DCF queue as under current processes. However, to identify these cases as likely Clearinghouse transfers, the Clearinghouse will set a task Due Date of 01-01-2017. DCF is not expected to work these cases unless a high priority issue is identified.

The Clearinghouse will also follow this process when a non-MAGI determination is required on a case.

- e. **Applications Received at DCF:** DCF will continue imaging new applications through close of business on December, 28. Applications received on or after December 29 will be managed according to Section 6, Post Transition issues. Under this process, DCF will date-stamp, collect and mail those forms to the Clearinghouse twice a week.

C. Reviews

DCF will process all review applications and passive review changes for reviews expiring December 31 and earlier (for January benefits and earlier).

- a. **300 Aid Code Report:** DCF must have all cases appearing on all 300 Aid Code report(s) processed prior to COB December 29. Cases where processing wasn't possible due to a pending information request will be captured on the Pending Work Report. DCF will also complete processing of the 300 Aid Code report issued for the month of December. In late December, a KEES system fix is to be implemented that will correct the current issue with automatically completing the renewal process for persons with a 300 Aid Code. The special instructions for processing 300 Aid Code reviews are being eliminated following the release.
- b. **Other Reviews:** For all other reviews, DCF will process to the extent possible through COB 12-29. Again, any reviews that are in-house but unprocessed must be captured on the Pending Work Report. Unprocessed Passive Review responses are also included.
- c. **January 2016 Reviews:** The KEES review batch that will process reviews expiring January 31, 2016 will run on the evening of December 22, 2015. The batch is delayed to allow the inclusion of 300 Aid Code functionality to be incorporated into this review batch. Although KDHE is responsible for processing these reviews as part of the transition, the return instructions on the form will not be modified in time for the January batch. A special stuffer with the correct address is planned to be included with the

forms and letters. If a January review is received by DCF, follow the instructions in Section 6, Post Transition Issues.

Future review forms and letters generated from KEES will instruct recipients to return all documents to the KanCare Clearinghouse.

D. LTC Communication

In order to transition to the new electronic 3160/3161 and 3166 tool, the following process has been established:

- a. KDADS will instruct entities to stop sending paper forms/email forms after close of business on December 18. Any new approvals or changes requiring action after this date will be communicated to eligibility staff through the new electronic tool.
- b. Any action taken by eligibility staff after this date will be sent to the LTC entity using the existing 3160/3161 tool and process.
- c. If a crisis or other emergency enrollment is identified during this window, KDHE Central Office staff can facilitate an exception to this process.
- d. As processing HCBS, PACE and WORK cases is a priority for DCF, it is expected the majority of these changes will be completed prior to transfer to KDHE.
- e. There are no special processes related to any institutional MS-2126 forms that are received or processed. Staff shall use existing processes through COB 12-29-15. Forms in the office or received after this date shall be transferred to KDHE according to protocols described in the post-January process (Section 6)

E. PMDT and Working Healthy Communication:

The PMDT and Working Healthy Benefits Specialist will send communication to DCF through COB 12-23-15. These teams will hold communications and send to the Clearinghouse following new processes in January. However, DCF may continue to contact these teams if information is needed to finalize an action on a case.

F. Changes and Related Items

DCF will continue to process all changes through Close of Business December 29. If DCF receives a change report but is unable to fully process the change it is critical that any action taken by DCF be noted in the journal and the item be listed on the Pending Work report. If no action has been taken on the change at the time of the transfer, a note is made on the Pending Work report.

G. Phone Calls/Voice Mail

DCF will accept phone calls related to medical items through COB 12-31-15. If these are received prior to COB 12-29-15, any actionable information reported and not completed is captured on the Pending Work Report.

For phone calls received on 12-30 or 12-31, DCF will instruct the caller of the change involving the Clearinghouse, but will also take any information from the caller. The information will be recorded on an E-mail and sent to the appropriate Clearinghouse Mail Box.

Phone calls received on or after January 1 will be instructed to contact the Clearinghouse. DCF will provide the appropriate information to reach the Clearinghouse but is not responsible for obtaining additional information from the caller.

H. E-Mail

DCF will continue to accept all emails through Close of Business 12-31-15. For emails received on or before December 29, the email is imaged and a journal entry noted when action on the email is completed. IF the email action has not been completed, DCF will record a journal entry detailing action that is still necessary and record the item on the Pending Work List. DCF will also forward the email, and an explanation of the situation, to the email box noted by the Clearinghouse.

For emails received and opened on 12-30 or 12-31, DCF will forward the email, along with any explanation to the Clearinghouse. DCF will send a response back to the sending entity instructing them the email has been sent on, but the box will no longer be available. This process will be used for emails DCF receives after January 1, 2016.

DCF will end date all medical only email boxes prior to 01-04-16. The email account will provide an automated response telling senders to contact the Clearinghouse.

DCF shall send emails to the following E-Mail Address: Conversion E&D Apps @Maximus.com

5. Notification to Members and Stakeholders

Various mailings and events are planned to inform both members and the public of the change.

A. Beneficiary Notification

On December 23 KDHE will send out a mass notice to all impacted beneficiaries (or their responsible persons) announcing the change. There is no need for a member to call the Clearinghouse solely because of the change. Also, members should not be instructed to call the Clearinghouse prior to January 1. The letter will be generated from the MMIS contractor, HP. The letter will only be sent to persons with open and active cases. Notices won't be issued to persons with denied or discontinued programs.

B. Stakeholder/Partner/Provider Notification and Webinars

A letter informing identified partner organizations and entities of the upcoming change will be mailed the week of December 7. In addition, a webinar/teleconference will also be offered for

these entities. Three sessions will offered to those interested on December 15.

C. Third Party Training:

A training session for partners and other non-eligibility entities with responsibilities for the medical programs will be held on December 29. Although the majority of the session will focus on the new 3160/3161/3166 process, additional topics will include the 2126 process for institutions.

6. Post-Transition Issues

As with any major transition, it will take some time for our members and the public to adapt to the change. We expect some consumers will continue to submit medical applications and call DCF with medical-related questions. Though the goal is to educate members and the public regarding the new model as quickly as possible, information related to medical programs received by DCF will be sent to KDHE for a transition period. All processes are time-limited as provided in the instructions below. Where a specific date is not included the process shall be following until instructions officially ending the process are issued.

Note: New processes for coordination with PPS programs and Refugee Medical will be provided at a later date.

A. Applications, Reviews and Other General Documents

DCF will continue to accept medical documents for the next year. Initially, all items will be date-stamped and KDHE will honor this date when taking any case action. DCF will compile all documents each Monday and Thursday and mail them via USPS to the Clearinghouse, where they will be imaged and processed. Individuals dropping off items at DCF will be encouraged to mail them to the Clearinghouse directly.

B. Phone Calls

Callers to DCF regarding medical programs on or after January 1 should be told to call the Clearinghouse at 1-800-792-4884. This information should be provided when returning medical related voice mails as well.

Note: DCF continues to be responsible for PPS-related programs and shall continue to handle phone calls regarding those programs.

C. E-Mails

DCF will discontinue any email boxes in place specifically for medical assistance. A message will be returned to the sender informing them the email is no longer active and to contact the Clearinghouse. Medical emails sent to other DCF inboxes will be accepted by DCF and will be forwarded to the Clearinghouse for a brief transition period. Senders will be notified of the change with a return email.

D. Coordination Between Medical and Non-Medical

When information is received at DCF that is intended to be used for both Medical and Non-Medical (e.g., income verification regarding a change that was reported on a Medical and Food Assistance case) the information is shared between the programs. Coordination between the Clearinghouse and the DCF worker is necessary to ensure the information is available to both agencies. DCF staff may communicate with the Clearinghouse by sending an email to the following address: [Conversion E&D Apps @Maximus.com](mailto:ConversionE&DApps@Maximus.com)

KDHE may contact DCF by sending an email to the Program Administrator for the region (or designee).

Note: This process is applicable to cases that were originally held by DCF and is only applicable through January 31, 2016. On or after February 1, 2016, information received by DCF shall only be used for non-medical or PPS medical programs. Information related to non-PPS medical programs must be provided/reported to the Clearinghouse.

QUESTIONS

For questions or concerns related to this document, please contact one of the Medical program staff below.

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