

**Administration, Kansas Department of**

**Moderator: Burnam, Kim**

**November 27, 2019**

**10:00 AM CT**

OPERATOR: This is Conference # 3978827

Operator: Ladies and Gentlemen, thank you for standing by. And welcome to the Elderly Disabled LTC Transition Call. At this time, all participants are in a listen-only mode. After the speaker's presentation, there will be a question-and-answer session.

To ask a question during the session, you will need to press star one on your telephone. If you require further assistance, please press star zero. I would now like to hand the conference over to your speaker for today, Rachelle Altman. Please go ahead.

Rachelle Altman: Thank you. Good morning everyone. I'm Rachelle Altman, I am the Elderly and Disabled Senior Manager for KDHE on the line. We also have Breanna Dorman, who is the long-term care Senior Manager for KDHE. I want to thank everybody for joining us on our 11th eligibility transition rapid response call.

The purpose of this teleconference is to provide an opportunity for KDHE to provide updates, announcements and take questions from stakeholders related to the transition. All calls will be recorded in a transcript made available on our KN Care] website [www.kncare.ks.gov](http://www.kncare.ks.gov). First could you provide a status update and then we will open up the line for questions.

So for a current status, we are on the home stretch on September 3rd of this year, the state assumed responsibility for processing eligibility for forty

facilities on October 1st. The state assumed responsibility for processing eligibility for 100 more facilities, units two and three. PRTS, psychiatric residential treatment facilities. Consumers who have a review for a Medicare savings program or spend down.

HCBS or home community based services, case maintenance and then on 11/1 the state assumed responsibility for processing eligibility for 100 more facilities, units four and unit five, HCBS reviews applications for spin downs and Medicare savings programs, all processing for working healthy appeals related to long term care which includes nursing facility HCBS and pace in addition to elderly and disabled programs, including spin down, working healthy, Medicare and Medicare savings programs.

On November 18th, we conducted in our welcome webinar with the remaining facilities and for any facility who is unable to attend, we conducted makeup sessions for unit six on November 25th from 1 to 2 and unit seven from 2 to 3. And we will send out another round of surveys to providers in units four and five in December and then unit six and seven in January. And we'll also survey staff, who work in these units.

On December 1st, the state will have fully assumed processing eligibility for elderly disabled and long term medical programs, except for a couple of reports. So we will be taking on the remaining 100 facilities unit six and seven. And then starting January 1st, we will have all the reports and all the processing. We didn't have any questions from last call, so if we want to open up the line for questions, we will take those at this time.

Operator: And as a reminder, in order to ask a question, please press star one on your telephone. We do have a question. If you've queued please state your name, you're line is open. Caller your line is open, please state your name.

Laura: My name is Laura.

Rachelle Altman: Do you say Laura?

Laura: Yes.

Rachelle Altman: Okay what is your question Laura.

Laura: My question is in next feature is net expecting process and if they both are covered. those cases going to be processed by the [Unintelligible] however those going to be processed by the state?

Rachelle Altman: I'm sorry, I had a trouble hearing you. Can you repeat that one more time.

Laura: I think my phone is working very well. Next year if the expansion on space aim happen, the adult cases are going to be handled by the [Unintelligible] house or by the state.

Rachelle Altman: They will be handled by the state of Kansas. KDHE taking over all of the processing for the adult medical, unless there is family medical involved where there's children or pregnant women. Those would still be processed potentially by the contract staff along with KDHE, but in the elderly and disabled their long term care cases will be processed by KDHE.

Laura: All right, that makes sense. Thank you.

Rachelle Altman: Sure, thank you.

Operator: Our next question comes from Christine Santamaria, please go ahead.

Christine Santamaria: Yes good morning. Thank you for having these calls for us, for us it's the real help. I'm with Shepard Elder Law and I had two questions for you. One we're still calling clearing house, is there a way, I know they had talked about a way for them to be able to patch the call through to the KDHE team. Is there a way we should be asking to be connected with those teams or a different phone number we should be calling.

Rachelle Altman: Breanna do you want to take that one or do you want me to?

Breanna Dohrman: Yep, I'll take the lead on that one. Hi Christine.

Christine Santamaria: Hi Breanna, nice to hear you again.

Breanna Dohrman: Yeah it's been a while. So what we will do is, you will continue to call the call center and then the call center has the ability to provide some responses

and guidance, but if there is additional information or if you're confused about a notice or if you just want more information from an eligibility worker, then they should be transferring those calls to the appropriate team.

So you do have the ability to speak with an eligibility worker. We just ask that you call through the call center first and then they'll patch it to the appropriate unit, because since you represent consumers from, that could be residing in, all kinds of different facilities, they could be in several different unit. So we want to get you patched to the right place.

Christine Santamaria: Correct, great. So that was actually my next question. Is there a way we can kind of get a list of which nursing homes are handled by which units, we've kind of just been asking, oh you know this client in this nursing home, which team are you? So I know that you know call team one for this facility or ask for team four for this one.

Breanna Dohrman: Well, the list is more for the distribution of the workload for our teams as well as the facilities. And that can be changed at any time. So the best route to go, like I said is through the call center because the call center will have the most updated roster for the facilities.

And the call center will be able to know exactly which team to transfer it to and that information we have internally, and the plan isn't to share it at this point, just because it could potentially change and we would have the most updated information and the call center would have that same information.

Christine Santamaria: Perfect. So then we just let call center know that Hey we are dealing with someone in this facility, can you transfer me to the appropriate team?

Breanna Dohrman: Well they may ask some additional questions because there it may be something that the call center would be able to answer, but if it's something that you've feel that is not adequately answered or you just want some additional information from an eligibility worker. You should be able to express that.

Christine Santamaria: Okay, yeah that's great. And then like sometimes we have you know KDHE will, the case worker will call us with a question and we have to go find out if we need to call them back with an answer, do we just leave a message with call center or should we ask for that specific worker? Is there a way they can transfer us to them or do we just leave a message?

Breanna  
Dohrman: You should be able to talk to the call center representative and based off the phone call again, the call center will either transfer it to an eligibility worker or they'll document it and let the eligibility worker know.

Christine  
Santamaria: Okay great. And I just want to say thank you guys very much, I know it must have been a lot of work to get this, but we're seeing a lot more smoother processing on our end. So thank you for all your work.

Breanna  
Dohrman: Thank you.

Rachelle Altman: Thank you Christine.

Operator: And once more, it's star one in order to ask a question. I have no one else in queue at this time. oh pardon me. Debbie Drasher just queued, please go ahead. You're line is open.

Debbie Drasher: Hi, this is Debbie Drasher. I just have a question on calling the call center and then getting to an eligibility specialist, is there a way for the call center to directly put the call through to the team, instead of having to go back into the queue and wait again. I know with high call volume sometimes, it's twenty to thirty minutes before we can get to an eligibility specialist.

And that's really hard with the client or to get questions answered. Just wondered, if there was a direct number.

Breanna  
Dohrman: Rachelle you want me to take this one?

Rachelle Altman: If you want to, that would be great.

Breanna  
Dohrman: With David on the line as well?

Debbie Drasher: No this is Debbie.

Breanna  
Dohrman: Okay. Debbie, so are you saying that when you call into the call center you get transferred to a different group like, they transfer you to the END representative.

Debbie Drasher: Right, as you call to the call center, then of course we get you know somebody answers the phone at first, unless we have a more specific question, then they have to transfer it to like elderly and disabled, even though that's the prompt you put in. You don't necessarily get elderly and disabled the first time. And then when they transfer you, it's back in the queue, there's not a direct number. So it's again it's I know now call volumes are high, but it's another 15-20 minutes before we can get somebody on the line.

Breanna  
Dohrman: Yeah I'm looking for Maximus contractor Christine or David to help respond to this, I know that there were some changes and improvements to the IVR that was going to be taking place to help with this.

Female Speaker: Yeah those, the IVR update aren't done yet, but yeah those are in the works and the IVR will make it. So when you first call in, instead of getting to what we call out status and then having to be transferred to an E&D worker, they'll be a much easier route, but you'll go directly to E&D.

And then from the E&D worker, if it's appropriate that we transfer you over to KDHE. We would do that, so you won't have to make that additional stop and those-- like I said those changes are in the works and should be done in the next few weeks.

Debbie Drasher: Okay, thank you that will help tremendously.

Rachelle Altman: And Debbie this is Rachelle, there are still some phone lines and groups being set up on the KDHE side as well. So some of those transfers may not take quite as long, once we get everything transitioned over and everything's set up and working properly. So it should get better as we go.

Debbie Drasher: And I understand and I appreciate the time, thank you.

Rachelle Altman: Sure.

Operator: And we have no one else in queue at this time.

Rachelle Altman: I would give it another minute or two and see if anybody else thinks of something. All right, well I'm not hearing anything else. I want to thank everybody for joining us today and all of the great questions, the plan is to

continue these calls. It looks like through the end of January. So if you think of anything else, please call in or just let us know. And hope everybody has a wonderful holiday and safe weekend, thank you.

Operator: Ladies and gentleman, this concludes today's conference call. Thank you for participating, you may now disconnect.