

IDD Provider Communication

Q: When a person has opted in to the OCK program, is there communication to their current providers so they know to end the services?

A: Our MCO partners have all developed a process for notifying TCM providers that a member is enrolled in OCK. A member's OCK status can also be checked in KMAP.

Q: How will Targeted Case Management Providers be notified when a member has opted in to OCK in order to avoid double billing?

A: The MCOs have all developed TCM notification processes in order to let the TCM provider know when a member is enrolled in OCK. Each MCO's process or means of which they communicate this to the TCM provider may vary.

Q: How can CDDOs track who has OneCare Kansas? Especially if the person does not have a TCM prior to OneCare?

A: A patient's OCK status can be found in KMAP.

Q: How and when will CDDOs be notified of a member's choice to opt-in to the program and the name of the assigned care coordinator and organization?

A: The patient's OCK status can be found in KMAP. The OCK partner they chose is protected information and will not be available to their current partners through KMAP.

Member Recruitment

Q: Are individuals currently on the waiver or receiving TCM services going to receive invitations to participate in this program? How are you determining who should be invited?

A: Anyone who is eligible to receive services must receive an invite to participate in the program. It is their choice whether or not they want to opt-in to the program.

Q: How often are members invited to participate in the OCK program?

A: The MCOs will send out letters to eligible members once per year.

Q: If someone is interested in the program but did not receive an invitation letter, who can make a referral?

A: Anyone can make a referral for a member by filling out the referral form on the website. That can be found by following this link: https://www.kancare.ks.gov/docs/default-source/providers/ock/ock-referral-form.pdf?sfvrsn=f1924c1b_46

Q: Is there a limited age range for OCK services?

A: No. To be eligible for the program you have to be Medicaid eligible and meet the conditions of the target population.

Q: Is the MCO Care Coordinator (or a local Health Home who members may already have a relationship with as a mental health provider) reaching out to individuals and 'selling' the program without making them aware that they will lose their IDD TCM services when this occurs?

A: The goal of the OCK program is to make sure that member's get the services that will best fit their needs. Members are not pressured to join the program.

Q: It seems that information being sent to individuals with Developmental Disabilities may not be complete and does not allow the individuals to make an informed choice. In the letter it states that no services will change, but yet they do, by dropping TCM. What can be done to improve this information? How can TCMs help?

A: We have added language to the letter that makes this much clearer. These will start getting sent out by the MCOs in August 2021.

Q: Why does the invitation letter go directly to the individual and not their legal guardian?

A: The letters are sent directly to the address that the State has on file. Members cannot be opted into the program without the legal guardian's consent.

Q: Does the legal guardian need to give permission for the member to opt in?

A: Yes. The legal guardian must give consent for the member to be opted into the program.

Member Enrollment (Opt-in/Opt-out)

Q: In the previous Health Homes program, consumers were placed into health home without their knowledge and agencies were not aware either- how has this changed?

A: This is an opt-in program which means the member has to choose to be in the program to be enrolled. There is no automatic enrollment.

Q: Are clients on the I/DD Waiver informed that saying "yes" to OneCare Kansas ends their TCM services? If not, can this be changed?

A: There is information regarding this in the invitation letter and the brochure that is sent out in the packet from the MCOs inviting the member to participate in the program.

Q: How does a person opt-out if they have mistakenly opted-in or do not have permission from a guardian?

A: The member can fill out an opt-out form and send it into their MCO or call their MCO to be opted-out of the program. They can not be opted-in without their guardian's approval.

Q: How long does it take to process the opt-out forms?

A: Opt-outs will be effective the first of the following month. There is an expedited opt-out process that can be employed in critical situations to make opt-outs effective as well.

Q: If they opt out once, will they be sent another opt-in letter if a referral is made?

A: Yes. Because we know that members' situations can change over time, a referral will trigger another invitation to be sent.

Program Requirements for Contracted OneCare Kansas Provider Partners

Q: Are OneCare Kansas Care Coordinators licensed, in a similar fashion to Targeted Case Managers? If so, what state agency is responsible?

A: OCK Professional Requirements can be found in our manual and at:
https://www.kancare.ks.gov/docs/default-source/providers/ock/informational-material-docs/onecare-kansas-professional-requirements.pdf?sfvrsn=7e884c1b_4.

Q: Are all OCK staff trained to work with individuals with IDD, including the required assessments, Person-Centered Support Planning, etc.?

A: Yes. All OCK Partners must employ sufficient and qualified staff to meet their members' needs.

Q: Can an IDD TCM provider contract for just one of those positions or do they need all positions?

A: Please see section 1.7 of our OCK Program Manual which can be found here:
https://www.kancare.ks.gov/docs/default-source/providers/ock/informational-material-docs/draft-onecare-kansas-program-manual.pdf?sfvrsn=28a1511b_18.

Q: If a TCM provider chooses to become a contracted OCK provider, could they continue to provide TCM like services? Or is that a conflict of interest?

A: A TCM may choose to operate as both a TCM as well as an OCK staff person. The only requirement is that an individual MEMBER cannot receive both services in the same month.

Q: Could an agency who currently works only with IDD individuals choose to provide OCK to only those with IDD? Or, if we contracted to provide this service, would we need to provide the service to all in the area?

A: All OCK Providers must be willing to accept all members assigned to them regardless of diagnosis.

Q: Are contracted OCK Provider partners required to have an Electronic Health Record?

A: Yes, this is a federal requirement for Health Homes programs.

Maintenance of IDD Waiver Requirements/CMS Requirements

Q: How will TCM functions be covered when members are enrolled in OCK, i.e.: Who will coordinate and write the Person-Centered Support Plan and other items required by K.A.R. 63 & 64?

A: All OCK Partners must provide adequate and trained staff to meet the needs of assigned members. In most cases, this particular role will be filled by the Care Coordinator.

Q: Can KDHE change TCM to a different funding so that it is not duplicative?

A: No. This is a federal, not a state decision.

Q: How does OCK affect the clients' billable units for the remainder of year they are enrolled?

A: OCK has no billable units. TCM and OCK services cannot be billed in the same month.

Q: Is KDHE advocating for CMS to change the rule that states that TCM is a duplication of services?

A: No. This is a nationwide program and CMS is not willing to negotiate on this topic.

Billing/Recoupment

Q: What is the reimbursement rate for OneCare Kansas?

A: You can find this information on our website by following this link:
https://kancare.ks.gov/docs/default-source/providers/ock/ock-rate-announcement.pdf?sfvrsn=fb44f1b_8.

Q: How are MCOs assuring they don't create confusion for providers by authorizing TCM hours for OCK members?

A: The MCOs are tasked with establishing internal processes to assure a quality program. If providers have questions they should contact each MCO directly as some internal processes are MCO-specific.

Q: We had a member who was enrolled by their mental health provider who didn't fully understand what they were committing to. Now we have non-payment for TCM Services for March 2021. The same day we completed an opt-out form, we got notice from Sunflower that they were recouping payment for December 2020. Should we expect recoupment for January and February 2021 as well? If opt-out form was completed and submitted in April 2021 will we be paid for that month?

A: Please contact the MCO for specific billing and recoupment information.

Q: How can we recover payments for months we did not know person was in a Health Home?

A: Please reach out to the appropriate MCO regarding payment questions.

Q: Why was program information delayed if the program started last year? Since we weren't aware of this program, an MCO is seeking recoupment of payment for an individual that was in the OneCare KS program. What assistance can you offer?

A: The State had a planning council with stakeholders from member organizations that started in 2018. If you are having payment issues, please reach out to the individual MCO(s) that you are having issues with.

Impact on Medicaid Services

Q: Does OCK provide inpatient care for adults with complex needs?

A: Members cannot be institutionalized and receive OCK services unless if they are receiving transition of care services. Inpatient services will continue to be provided by hospitals, etc.

