

Johnson County Affiliates Meeting Minutes



6/8/17

1:00-2:00 PM

KU Edwards Campus

Regnier Hall Room #255

12610 Quivira Road

(West side of the Regents Center)

Overland Park, KS 66213

Introductions & Member Updates/Openings

- People First is currently taking referrals and now with Leah O'Brien on board they are looking at expanding services. 913-708-1105
- Travis Chapman introduced Lakemary Center's new case manager, Katelyn Dechard.
- Travis also shared Lakemary has openings for supported home living. 913-768-6831
- Happy Sun Care has DS and RS openings. 913-499-8693.

Affiliate of the Month Award

- The Affiliate of the Month Award for June was presented to Angie Pitts with DreamZz 2 Reality, Erin Murray with A Step Above and A Family Tree. They all worked tirelessly on a very difficult guardianship case. Dreams Work was also nominated.
CONGRATULATIONS!

Guest Presenter

- Monica Hudson, United Health Care Programs discussed Medicare qualifications and eligibility. She is able to assist individuals with the application process and will be glad to visit with case manager to help them sign up for the program. Dually eligible individuals can enroll and take advantage of the UHC Medicare Advantage Program. She explained many of the benefits that included \$2000 dental benefit every 2 years, \$720 to shop from a catalog of health products (yearly), \$2000 for hearing aids and a \$0 copay for eye exams. She can be reached at 816-714-8981. The website for more information is www.unitedhealthcare.com.

CDDO Updates

- Shelly stated that hopefully BCI access for affiliates will be available tomorrow. Gail or Shelly will send out an email (**high importance!**) when this occurs.
- When making any Status Action Form (SAF) changes, please include the full street address with Street, Lane, Circle, Avenue, Terrace, for example. When CDDO staff google full address sometimes there are multiple options, and we want to ensure accuracy.

KMAP/MCO/CDDO/KDADS

- Providers must revalidate with **KMAP** every 5 years to keep their Medicaid ID# active. You should receive an email notification when this is due. This is the one with the fee.
- Providers must do recredentialing every 3 years with all **MCOs** to be an enrolled provider and receive the full reimbursement rate.
- Providers must have a current **CDDO** Affiliate Agreement to receive referrals and provide service in that area. The current agreement is valid until there are substantial changes that need to be made. The agreements used to be sent out yearly, but since 2011 it has been “as needed”.
- Providers need a **KDADS/DCF** license to provide certain waiver services, such as day and residential services and targeted case management.

Kansas Personal Services Directory www.RewardingWork.org/Kansas

- On June 12th there will be several meetings in Johnson County. (A flyer will be sent with the minutes)
- Please help us invite service and FMS providers, families, individuals with disabilities, TCMs and anyone who supports people with disabilities who use in home personal care services to come to learn about the Kansas Personal Care Directory, an online service where people seeking workers and workers seeking hours can connect. The service is free to workers and to people who receive HCBS services. These informational sessions will teach participants how to register and use the system and how to support or train others to utilize it. This is a great resource for both workers and those who need them.

MCO Updates

- There will be a September HCBS Training in Olathe at Ball Conference Center. Date TBA.
- An attachment on the consolidated processes for Claim Reconsideration, Appeals, State Fair Hearing Process will be sent with the minutes

State Updates/Workgroups/Policies

- TCM Behavior Data Tracking/Licensure – Jeanne Davied, QMS explained that when she visits for licensing, she is looking for the “raw data” (behavior tracking sheets) to match the behavior plan. Providers must provide the behavior tracking to the case managers. Jeanne will notify providers that this is an Article 63 requirement.
- KanCare Renewal Meetings will be 7.6.17 from 1:30-3:00 PM at KU Edwards Campus (Best Hall) and there will be a Conference call on 7.10.17 from 6-7 pm.

Advocacy Update

- Jody Hanson, JCDS Community Relations provided a Kansas Legislative Update and a recap of her recent trip to Washington DC. Her notes are attached with the minutes.

Upcoming CDDO Meetings/Trainings – RSVP to Gail Lauri gail.lauri@jocogov.org

- 2017 BASIS Training Dates – All affiliates welcomed and encouraged to attend.
 - 10.5.17 from 10:00-11:30, Room 111 at the Elmore Center.
- InterHab Conference dates are October 25, 26 and 27th at the Capitol Plaza, Topeka.
- **The CDDO's I/DD Fall Summit is tentatively scheduled for October 12th!!! Please mark your calendars for this free event to all Johnson County Affiliates.**
 - **Fall I/DD Summit: A Day with Derrick Dufresne!**

Next Johnson County Affiliates Meeting – July 13, 2017

KU Edwards Campus
Regnier Hall Room #255

June 8 legislative report to JoCo Affiliates

Big picture issues

Budget

Today the House will debate its omnibus appropriations bill. The bill number for the budget is H Sub for SB 109. The House version does not include a rate increase for HCBS (as a reminder, the senate version currently does... a 5% increase for FY 2018 and 3% increase for FY 2019.)

The Legislature's move to increase revenues is critical to the efforts of disability advocates to secure the first reimbursement rate increase for the Kansas I/DD service network in nearly a decade. The next step will be to secure agreement on from the House on additional I/DD funds when the conference committee process unfolds between the two chambers.

Taxes

On Tuesday night the House (88 – 31) and Senate (27 – 13) each had enough votes to override the Governor's veto of the tax bill.

House "no votes" for veto override: Dove, Esau, Powell, Resman, Schwab, Sutton (4 votes that switched from the original "no" vote for the tax bill to "yes" vote for the override were Davis, Rafie, Ryckman and Tarwater.)

Senate "no votes" for veto override: Baumgardner, Lynn, Olson, Pilcher-Cook. They all also voted no to the original tax bill.

As the veto session continues, we maintain our focus on these three priority messages.

Stagnant provider rates must keep up with the cost of living. Rates have not increased in nearly a decade, while inflation has risen 13%. Johnson County providers are feeling the pinch, and some have either closed their doors or can't take on any new clients.

I/DD long-term supports and services have not worked in managed care. The struggles and issues related to non-medical services in KanCare 1.0 has been well documented. Removing long-term supports and services in the next version of KanCare restores local expertise managing the system and reduces confusion and bureaucracy.

The state legislature needs the ability to protect our Medicaid system. Uncertainty about the future of the Medicaid program at the federal level calls into question the stability of the primary funding source for I/DD services. The legislature needs to be involved if substantive changes to the Kansas Medicaid program are proposed.

Other bills we are monitoring

SB 94: Roll back of 4% Medicaid cuts through HMO/MCO privilege fees

[This legislation](#) would increase fees from 3.31% to 5.77%, and the funding would restore 4% allotments from 2016, including cuts to Targeted Case Management. The bill passed in the Senate on Final Action Mar. 16. It's with House Appropriations. A hearing scheduled for May 9 was cancelled

American Health Care Act

The Senate continues to work on its version of its health care repeal and replacement bill. We're hearing from some of our federal contacts that Senator McConnell has initiated Rule 14 proceedings so that health care repeal is on fast track. This means that the bill will have no hearings but go straight to the Senate floor. We're also being told that a draft of the bill may not be made available until a day before they vote. As far as timing, a vote could happen before their July 4 holiday recess.

Information on how you can help from one of our national organizations:

- Encourage your community members impacted by health care repeal to sign our open letter to Senator McConnell, and spread the word about #LetUsTestify themselves: <http://act.savemycare.org/let-us-testify>
- Post on your personal or organization's channels using the #LetUsTestify hashtag.

A small delegation from Kansas flew to D.C. for an ANCOR Medicaid Rally and Hill Day this week, including Jody Hanson, a client named Paul and a DSP named Bobby. We joined a few hundred people at a rally in the lawn outside of Capitol Hill. You can read a recap of that event in this news article.

<http://www.mcknights.com/news/providers-join-rally-in-washington-against-potential-medicaid-cuts/article/666784/>

We spoke to legislative staffers for Senators Moran and Roberts. They understood the importance of our message and both offices seemed to communicate that a drastic bill, such as the one that passed the House, wouldn't make it through the Senate.

Fox 4 came out to JCDS to do a preview story about why we made the trip and what we hoped to accomplish.

<http://fox4kc.com/2017/06/05/metro-groups-in-dc-to-oppose-plans-to-cut-programs-that-help-people-with-disabilities-live-independently/>

Kansas Personal Care Directory Demonstration Meeting – June 12th & 13th



Personal care and respite workers help people live fuller, more rewarding lives! They assist seniors and people of all ages with disabilities with personal care needs, getting to work or appointments, and other daily activities.



Come learn about the Kansas Personal Care Directory, an online resource at www.RewardingWork.org/Kansas that provides a comprehensive, up-to-date list of personal care and respite workers who are ready to provide care.

This meeting is appropriate for:

- 1) Individuals and/or their families looking for supportive care workers; and
- 2) Workers interested in providing personal care or respite care services; and
- 3) Professionals who advocate for families in need of care services

Kansas City

June 12, 2017

10:00 am – 12:00 pm

KU Edwards Campus

Regnier Hall

12610 Quivira

Overland Park

and

6:30 pm – 8:00 pm

Down Syndrome Guild

5960 Dearborn St., Suite 100

Mission

Wichita

June 13, 2017

3:00 pm – 5:00 pm or

6:30 pm – 8:00 pm

Independent Living Resource Center

3033 West 2nd St N.

Emporia

June 13, 2017

10:00 am – 12:00 pm

Friendship Center

221 W. Logan Street

Topeka

June 13, 2017

9:00 am – 11:00 am

Oxford Conference Center

408 SW Jackson

Salina

June 13, 2017

2:00 pm – 4:00 pm

Salina Public Library

301 W. Elm Street

RSVP's Encouraged: Please reply to Barb Bishop

Email: bbishop@thearcdcks.org Phone: (785) 749-0121

The Kansas Personal Care Directory is a partnership between the Arc of Douglas County, the Kansas Lifespan Respite Coalition, and Rewarding Work Resources, a nonprofit organization, and was developed in part with funding from Respite Outreach Care for Kansans Organization.

Candidates in the Kansas Personal Care Directory have not been screened in any way and their backgrounds have not been checked. This is your responsibility as an employer.

Public Notice and Comment Period – KanCare Extension

The Kansas Department of Health and Environment (KDHE) will be submitting to the Centers for Medicare and Medicaid Services (CMS) a request to extend the KanCare program under Section 1115(a) of the Social Security Act. The current KanCare demonstration expires on December 31, 2017. KDHE is requesting a one-year extension of the current KanCare demonstration, including the Uncompensated Care Pool and the Delivery System Reform Incentive Payment Pool. The requested extension period is January 1, 2018 through December 31, 2018. KDHE is not requesting any changes to the demonstration for the one-year extension period.

KanCare – Summary of Program and Extension Information

KanCare is the program through which the State of Kansas administers Medicaid. After a long period of study, the State determined that contracting with multiple managed care organizations (MCOs) would result in the provision of more efficient and effective health care services to the populations covered by Medicaid and Children’s Health Insurance Program (CHIP) in Kansas, and would ensure coordination of care and integration of physical and behavioral health services with each other and with home- and community-based services (HCBS).

On August 6, 2012, the State of Kansas submitted a Medicaid Section 1115 demonstration proposal, entitled KanCare, to CMS. CMS approved that proposal on December 27, 2012, effective from January 1, 2013, through December 31, 2017. The State is now preparing to submit an application to extend the KanCare program for one year, effective from January 1, 2018 through December 31, 2018.

KanCare is operating concurrently with the State’s Section 1915(c) HCBS waivers. Together with the 1115 demonstration, these waivers provide the authority necessary for the State to require enrollment of almost all Kansas Medicaid beneficiaries (including the aged, disabled, and some dual eligibles) into a managed care delivery system to receive state plan and waiver services. KanCare also includes a Safety Net Care Pool (also referred to as an Uncompensated Care Pool) to support certain hospitals that incur uncompensated care costs for Medicaid beneficiaries and the uninsured, and provides incentives to hospitals for programs that result in delivery system reforms that enhance access to health care and improve the quality of care.

The KanCare demonstration program:

- Maintains Medicaid state plan eligibility;
- Maintains Medicaid state plan benefits;
- Allows the State to require eligible individuals to enroll in MCOs to receive covered benefits through such MCOs, including individuals on HCBS waivers, except:
 - American Indian/Alaska Natives, who are presumptively enrolled in KanCare but who have the option of affirmatively opting out of managed care; and
- Provides benefits, including long-term services and supports (LTSS) and HCBS, via managed care.

The original goals of the KanCare demonstration were to:

- Provide integration and coordination of care across the whole spectrum of health including physical health, behavioral health, and LTSS/HCBS;
- Improve the quality of care Kansas Medicaid beneficiaries receive through integrated care coordination and financial incentives paid for performance (quality and outcomes);
- Control Medicaid costs by emphasizing health, wellness, prevention and early detection as well as integration and coordination of care; and
- Establish long-lasting reforms that sustain the improvements in quality of health and wellness for Kansas Medicaid beneficiaries as well as provide a model for other states that are reforming their programs for Medicaid payment and delivery systems.

Because Kansas is simply requesting a one-year extension of its 1115 demonstration, with no program changes, the KanCare goals remain the same for the extension period.

The one-year extension of KanCare is designed to continue the program as it is currently structured, including the following:

Eligibility

KanCare currently includes almost all Kansas Medicaid beneficiaries (including the aged, disabled, and some dual eligibles). See the current 1115 demonstration Special Terms and Conditions for the full list of groups included in KanCare at the following link: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ks/ks-kancare-ca.pdf> (pages 11-17). Because Kansas is not requesting changes to Medicaid eligibility or managed care covered populations in the extension, no change is anticipated in any eligibility group.

Covered Benefits

The KanCare program integrates medical, behavioral, and long-term care health delivery systems and covers mandatory and optional services under the approved Medicaid state plan. Kansas is not requesting any changes in covered benefits for this extension.

Cost Sharing Requirements

There are no co-payments under the KanCare MCOs. Kansas is not requesting any changes in cost sharing for this extension.

Annual Enrollment and Aggregated Expenditures

Kansas does not anticipate a significant change in enrollment or aggregated expenditure trends for the extension period. The following table summarizes the annual enrollment and aggregated expenditures for KanCare, by demonstration year (DY). For DY5 and the one-year extension period (DY6), Kansas projects continued savings under the KanCare program as compared to the absence of the KanCare program.

	DY1 (Actual)	DY2 (Actual)	DY3 (Actual)	DY4 (Actual)	DY5 (Projected)	DY6 (Projected)
Total Member Months	3,923,495	4,274,950	4,613,313	4,440,125	4,356,280	4,378,062
Total Expenditures	\$2,385,761,238	\$2,596,087,408	\$2,774,859,542	\$2,939,589,998	\$2,931,108,841	\$3,200,639,003

Waiver and Expenditure Authorities

Kansas is requesting the same waiver and expenditure authorities as approved in the current demonstration, described below:

Waiver Authorities

1. Amount, Duration, and Scope of Services

To the extent necessary to enable Kansas to vary the amount, duration, and scope of services offered to individuals, regardless of eligibility category, by providing additional services to individuals who are enrollees in certain managed care arrangements.

2. Freedom of Choice

To the extent necessary to enable Kansas to restrict freedom of choice of provider through the use of mandatory enrollment in managed care plans for the receipt of covered services. No waiver of freedom of choice is authorized for family planning providers.

Expenditure Authorities

1. Expenditures for Additional Services for Individuals with Behavioral Health or Substance Use Disorder Needs
2. Uncompensated Care Pool
3. Delivery System Reform Incentive Payment Program

Hypothesis and Evaluation Parameters

The original KanCare evaluation design included the following hypotheses:

- By holding MCOs to outcomes and performance measures, and tying measures to meaningful financial incentives, the State will improve health care quality and reduce costs;
- The KanCare model will reduce the percentage of beneficiaries in institutional settings by providing additional HCBS and supports to beneficiaries that allow them to move out of an institutional setting when appropriate and desired;
- The State will improve quality in Medicaid services by integrating and coordinating services and eliminating the current silos between physical health, behavioral health, and LTSS; and
- KanCare will provide integrated care coordination to individuals with developmental disabilities, which will improve access to health services and improve the health of those individuals.

For the proposed extension period, Kansas will continue to evaluate these hypotheses. In addition, Kansas will monitor quality measures and conduct member and provider surveys to evaluate the program. Kansas will also perform new focused studies on the topics of network adequacy and

validation of waiver payments to verify members are receiving appropriate access to adequate services. Kansas expects to see ongoing improvement within the more mature program, and related expectations will be reflected in contractual and program policy content.

Public Comment – Timing and Process

The public comment period has been extended to run from June 8, 2017 until July 10, 2017. Comments will be accepted until July 10, 2017; and the State intends to submit the extension request no later than August 31, 2017.

Information about the KanCare extension request, including the extension application and documented comments from public comment meetings held in March 2017, is available for public review at the KanCare website: <http://www.kancare.ks.gov/about-kancare/kancare-renewal>. For individuals without access to the internet, copies of the application and public comment document may be obtained by calling 785-296-4753 or writing:

KanCare Renewal
c/o Becky Ross
KDHE-Division of Health Care Finance
900 SW Jackson, LSOB – 9th Floor
Topeka, Kansas, 66612

Such requests must be made before July 10, 2017. A copy of the extension application will also be located at the reception desks for:

KDHE-Division of Health Care Finance
900 SW Jackson, LSOB – 9th Floor
Topeka, Kansas 66612

Kansas Department for Aging and Disability Services
New England Building, 503 S. Kansas Ave.
Topeka, Kansas 66603

Written comments about the KanCare extension request may be sent to this email address: kdhe.kancarerenewal@ks.gov; or may be mailed to:

KanCare Renewal
c/o Becky Ross
KDHE-Division of Health Care Finance
900 SW Jackson, LSOB – 9th Floor
Topeka, Kansas, 66612

Information about the KanCare extension process and related documents will be maintained and kept current throughout the public comment and review process, during which CMS is reviewing and acting upon the State’s extension request. This information will continue to be available at the KanCare Renewal page of the KanCare website: <http://www.kancare.ks.gov/about-kancare/kancare-renewal>. In addition, once the request to extend the KanCare program is submitted to CMS, it will be posted by CMS on its website for viewing and commenting: https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/waivers_faceted.html.

Public Hearings – When and Where

Additional public hearings about the KanCare extension will be held as follows:

Day/Date	Time	Location
Thur., July 6, 2017	1:30-3:00 pm	University of Kansas Edwards Campus, Best Conference Center, 12604 Quivira Rd., Overland Park, KS
Fri., July 7, 2017	1:30-3:00 pm	WSU Hughes Metroplex , Room 180, 5015 E. 29th St. North, Wichita, KS (Enter door N at the southeast corner of the building)
Mon., July 10, 2017	6:00-7:00 pm	Conference call: 1-877-400-9499 Access Code: 134 228 8045

All meeting rooms are Americans with Disabilities Act (ADA) accessible.

Language Accommodations

If you need language accommodations, such as a sign language interpreter or large print or Braille, please contact Dawn Goertzen at 785-291-3461 or dawn.goertzen@ks.gov. Please make your request by June 5, 2017.

Si desea esta informacion en Español, por favor llame al 1-800-766-9012.

Claim Reconsideration, Appeal and State Fair Hearing Process

Claim Reconsideration:

- Reconsideration is defined as a request by a provider for an MCO to review a claim decision.
- Reconsideration is an optional process available to providers prior to submitting an appeal.
- Requests must be submitted within 120 calendar days from the remittance date, plus 3 calendar days if the notice is mailed.
- Reconsideration requests can be submitted through various means:
 - Phone: 877-542-9235
 - Electronically: www.unitedhealthcareonline.com
 - Paper: UnitedHealthcare Community Plan
PO Box 31350
Salt Lake City, UT 84131-0350
- Providers may terminate the reconsideration process and submit a formal appeal request within 60 calendar days of the original remittance notice of action, plus 3 calendar days if the notice is mailed.
- If you disagree with a claim reconsideration decision, you have the right to file a formal claim appeal within 60 calendar days of the reconsideration notice of action.
- Providers have the right to represent him/herself or be represented by legal counsel or another spokesperson when requesting reconsideration or an appeal.

Appeal:

- Appeal must be filed in writing within 60 calendar days of the date of the provider remittance or notice of action, plus 3 calendar days if the notice is mailed.
- Request must state in the document this is a “formal appeal”.
- State the specific reason for denial as stated on the remittance or notice of action.
- Enclose all relevant documentation with the appeal request.
- Filing an appeal is final. Providers cannot submit a reconsideration following the appeal decision.
- Send written request via regular mail to:
 - UnitedHealthcare
 - Attention: Formal Grievances and Claim Appeals
 - PO Box 31364
 - Salt Lake City, UT 84131-0364
- If you disagree with the appeal outcome, you can file a State Fair Hearing.

State Fair Hearing:

- Providers must exhaust UHC appeal process prior to submitting a State Fair Hearing.
- Request must specifically request a “fair hearing” and should describe the decision appealed and the specific reasons for the appeal.
- Requests must be submitted within 30 calendar days from the date of the notice of the action, plus 3 calendar days if the notice is mailed.
- Send written request via regular mail to:
 - Office of Administrative Hearings
 - 1020 S. Kansas Avenue
 - Topeka, KS 66612

Refer to Chapter 15 of the Provider Administrative Guides found on UHC Community Plan for additional information.