

MINUTES

ROBERT G. (BOB) BETHELL JOINT COMMITTEE ON HOME AND COMMUNITY BASED SERVICE AND KANCARE OVERSIGHT

April 23, 2018
Room 548-S—Statehouse
All Day Session

Members Present

Representative Daniel Hawkins, Chairperson
Senator Vicki Schmidt, Vice-chairperson
Senator Barbara Bollier
Senator Bud Estes
Senator Richard Hilderbrand
Senator Pat Pettey (substitute for Senator Laura Kelly)
Representative Barbara Ballard, Ranking Minority Member
Representative Susan Concannon
Representative John Eplee
Representative Jim Ward
Representative Chuck Weber

Member Absent

Senator Laura Kelly

Staff Present

Iraida Orr, Kansas Legislative Research Department
Erica Haas, Kansas Legislative Research Department
Jennifer Ouellette, Kansas Legislative Research Department
David Fye, Kansas Legislative Research Department
Scott Abbott, Office of Revisor of Statutes
Eileen Ma, Office of Revisor of Statutes
Gary Deeter, Committee Assistant

Conferees

Roxanne Hidaka, Co-owner, Case Management Services
David Achey, Owner and Operator, Country Club Estates
Mitzi McFatrigh, Executive Director, Kansas Advocates for Better Care
Dr. Janet Williams, President, communityworks inc. and Minds Matter, LLC
Sean Gatewood, Co-administrator, KanCare Advocates Network
Denise Cyzman, Executive Director, Kansas Association for the Medically Underserved

Haely Ordoyne, Co-chairperson, Legislative Committee, Kansas Adult Care Executives Association
Joe Cheray, Private Citizen
Sheldon Weisgrau, Director, Health Reform Resource Project and Alliance for a Healthy Kansas
Ami Weidler-Hyten, JD, Executive Director for Programs and Operations, Topeka Independent Living and Resource Center
Lou Ann Kibbee, GrassRoots Advocates for Independent Living
Diane Woodard, Private Citizen
Peter Mungai, Administrator, Salem Home
Audrey Schremmer, Executive Director, Three Rivers Inc., and Secretary, Kansas Association of Centers for Independent Living
Amanda Gress, Director of Government Relations, Kansas Action for Children
Mike Burgess, Director of Policy and Outreach, Disability Rights Center of Kansas
Timothy Graham, Associate Director, InterHab, Inc.
Mark E. Ruhl, Private Citizen
Annie Martin, Private Citizen
Reverend Gayla Rapp, Private Citizen
Amy Gaier, Program Director, Brain Injury Association of Kansas and Greater Kansas City
Carrie Greenwood, Private Citizen
Jonathan Hamdorf, Director, Division of Health Care Finance, and Medicaid Director, Kansas Department of Health and Environment (KDHE)
Jeff Andersen, Secretary of Health and Environment
Dr. Greg Lakin, State Health Officer and Medicaid Medical Director, KDHE
Dr. Robert St. Peter, President and Chief Executive Officer (CEO), Kansas Health Institute
Tim Keck, Secretary for Aging and Disability Services
Amy Penrod, Commissioner, Community Services and Programs, Kansas Department for Aging and Disability Services (KDADS)
Susan Fout, Commissioner, Behavioral Health Services, KDADS
Jennifer Ouellette, Principal Fiscal Analyst, Kansas Legislative Research Department
Kevin Sparks, CEO, UnitedHealthcare Community Plan
Jeff Stafford, Chief Operating Officer, UnitedHealthcare Community Plan
Anna Purcell, Business Process Consultant, UnitedHealthcare Community Plan
Frank Clepper, CEO, Amerigroup Kansas Plan
Chris Coffey, Plan President and CEO, Sunflower Health Plan
Dr. Katherine Friedebach, Chief Medical Director, Sunflower Health Plan

Others Attending

See [Attached List](#).

Monday, April 23 Morning Session

Welcome

The Chairperson called the meeting to order at 9:00 a.m. and welcomed Committee members and conferees. Considering the number of conferees, the Chairperson outlined the presentation time parameters for conferees.

Presentations on KanCare from Individuals, Providers, and Organizations

The Chairperson welcomed Roxanne Hidaka, co-owner, Case Management Services, who identified the following KanCare issues:

- The Clearinghouse continues to provide erratic service in processing applications;
- Some individuals with disabilities regularly are removed from food stamp eligibility;
- There have been no new licenses for Home and Community Based Services (HCBS) in Johnson County for the past four years; and
- There are limited options for addressing the needs of those with behavioral health issues ([Attachment 1](#)).

David Achey, owner and operator, Country Club Estates, requested the HCBS waiver program increase reimbursement rates to accommodate increasing overhead and the inadequate payments provided for Medicaid patients. He cited his family experience to illustrate the complexity of the process ([Attachment 2](#)).

Mitzi McFatrigh, Executive Director, Kansas Advocates for Better Care, expressed concern for the safety of older adults in long-term care homes because the Committee's Report to the 2018 Legislature included a recommendation that the Kansas Department for Aging and Disability Services (KDADS) allow the surveyors more latitude in their inspections. She indicated the lack of adherence to a rigid inspection process could result in harm to older adults. She cited key factors impinging on the effectiveness of surveyors: inadequate staffing, surveyors with limited experience, high turnover rates, and infrequent inspections ([Attachment 3](#)).

Dr. Janet Williams, Founder and President, communityworks, inc. and Minds Matter, LLC, addressing issues regarding the Traumatic Brain Injury (TBI) Waiver, commented on the difficulty of obtaining attendant home care for individuals released from the hospital. She suggested the definition of brain injury under the TBI Waiver be modified to include acquired brain injury and the arbitrary age limit requirement of 16 years of age or older to receive services be dropped. She also noted that allowing an individual under the HCBS waiver to keep only the \$727.00 per month Protected Income Limit (PIL) plus a \$20.00 disregard is insufficient for living expenses ([Attachment 4](#)).

Sean Gatewood, Co-administrator, KanCare Advocates Network, offered three recommendations from his organization: involve stakeholders, delay KanCare 2.0, and support the expansion of KanCare ([Attachment 5](#)).

Denise Cyzman, Executive Director, Kansas Association for the Medically Underserved, expressed gratitude for the collaborative effort with Chris Coffey, Chief Executive Officer (CEO), Sunflower Health Plan, to develop innovative approaches to health care, such as integrating best practices into clinic workflow ([Attachment 6](#)).

Haely Ordoyne, Co-chairperson, Legislative Committee, Kansas Adult Care Executives Association, commenting on a survey of the Association's members, reported the delays in processing Medicaid applications have resulted in facility funding shortfalls and forced reductions in staff to cover cash flow problems. She recommended re-instituting the Letters of Voluntary Contribution that were discontinued by the Kansas Department of Health and Environment (KDHE). The Letters of Voluntary Contribution were sent to applicants who were almost, but not quite, eligible for Medicaid, notifying them they were less than one month away from spending down to the required asset level and could reach eligibility mid-month ([Attachment 7](#)).

Joe Cheray, private citizen, recounted her difficulties in obtaining attendant care for her son. She cited the ways in which the system has failed her son and how those who knew of her situation ignored his needs ([Attachment 8](#)).

Sheldon Weisgrau, Director, Health Reform Resource Project and Alliance for a Healthy Kansas, identified two key issues to the future of KanCare that should be distinguished: the selection of managed care organizations (MCOs) and the new iteration of the federal waiver for KanCare being proposed, KanCare 2.0; the latter, which would make changes to the nature of the KanCare program, would require waiver approval by the Centers for Medicare and Medicaid Services (CMS) before implementation. The selection of new MCOs to provide services to KanCare beneficiaries is a separate process that would not require the state to implement or CMS to approve KanCare 2.0; the selected MCOs would be responsible for administering whatever KanCare program was in place ([Attachment 9](#)).

Ami Weidler-Hyten, Executive Director for Programs and Operations, Topeka Independent Living Resource Center, testified that a lack of integrated services suggests the KanCare system needs to be more responsive to individual needs. She recommended the return of the Targeted Case Management (TCM) approach to services. She also noted the policy of restricting the amount an individual may keep to \$747 per month PIL plus a \$20.00 disregard) needs to be updated ([Attachment 10](#)).

Lou Ann Kibbee, GrassRoots Advocates for Independent Living, stated the coordinated care approach to services is inadequate. She recommended a return to the TCM model for the Physical Disability, Frail Elderly, and TBI Waiver programs. She also stated the PIL (or client obligation), restricting an individual receiving HCBS services to \$747 per month, limits the individual's ability to live a safe, healthy life ([Attachment 11](#)).

Diane Woodard, private citizen, told of her care for her 37-year-old daughter, who sustained brain damage through encephalopathy at age 6. Ms. Woodard stated the requirement that eligibility for TBI waiver services not begin until 16 years of age is artificial and recommended it be eliminated. She also recommended the definition of brain injury under the TBI waiver include both "traumatic" and "acquired" brain injury, allowing for the inclusion of all brain-injury survivors ([Attachment 12](#)).

Peter Mungai, Administrator, Salem Home, noting the 45-bed long-term-care facility he administers has limited resources and 60.0 percent of the residents receive only Medicaid payments, related how ineffective processing of Medicaid applications by the Clearinghouse has resulted in payment delays that have impacted the facility's financial health. He commented that the Clearinghouse's contract with Maximus and the inception of the Liaison Pilot Project have improved the application process, and he encouraged KDHE to increase its oversight of Maximus and to make the Liaison Pilot Project permanent ([Attachment 13](#)).

Audrey Schremmer, Executive Director, Three Rivers, Inc., and Secretary, Kansas Association of Centers for Independent Living, observed that individuals on HCBS waivers are receiving less care and fewer services under the managed care system. She concluded by offering to help improve the system ([Attachment 14](#)).

Amanda Gress, Director of Government Relations, Kansas Action for Children, emphasized the importance of KanCare for children who are dependent on Medicaid services. She noted the proposed changes in KanCare 2.0 pose a significant danger for low-income families, especially the lifetime limits proposed. She also recommended more intense oversight of the eligibility process ([Attachment 15](#)).

Mike Burgess, Director of Policy and Outreach, Disability Rights Center of Kansas, recommended the word “traumatic” be dropped from the TBI Waiver and children younger than 16 years of age be included in the waiver. He noted the uncertainty surrounding the proposed KanCare 2.0. He expressed appreciation for being involved in discussions about the HCBS performance measures and requested more stakeholder involvement in such policy meetings. He recognized some progress in improving the Clearinghouse services but commented further progress is needed. He concluded by complimenting the program coordinator for the TBI and Technical Assistance Waiver services ([Attachment 16](#)).

Timothy Graham, Associate Director, InterHab, Inc., expressed concern about the proposed KanCare 2.0. He stated any changes in Medicaid policy should be vetted through the legislative process. He also noted changes in KDADS’ reinterpretation of existing licensure regulations have resulted in the threat of sanctions or surveyors ignoring former interpretation of regulations in effect for 20 years. He requested further oversight regarding this new enforcement practice and provided a copy of a letter to Tim Keck, Secretary for Aging and Disability Services, requesting these concerns be addressed ([Attachment 17](#)).

Mark Ruhl, private citizen, told of his complex schedule in caring for both his brain-injured wife and his 12-year-old daughter while being employed by a company that allows him to work from home. He commented on the difficulty of finding any assistance from a direct service worker or a personal care attendant because of the low wage (\$9.00 per hour for agency-directed workers) offered through KanCare. He recommended the wage be raised to the upper-level recommendation of \$11.04 per hour available to workers through Self Direct ([Attachment 18](#)).

Annie Martin, private citizen, recounted the story of her son, who at age 11 was involved in a boating accident that left him with a severe TBI and a subsequent stroke. Because of his age, he does not qualify for the TBI Waiver that would help financially with his care. Ms. Martin recommended the arbitrary age limit on the TBI waiver be abolished ([Attachment 19](#)).

Amy Gaier, Program Director, Brain Injury Association of Kansas and Greater Kansas City, explained there is no difference in the needs and care for individuals with traumatic brain injury and acquired brain injury ([Attachment 20](#)).

Reverend Gayla Rapp, private citizen, telling the story of her stroke and rehabilitation, emphasized to Committee members the crucial importance of the services provided for individuals with brain injuries like hers ([Attachment 21](#)).

Carrie Greenwood, private citizen, shared her story of living as a disabled person who, through Medicaid *via* the Sunflower Health Plan, is provided a personal care attendant and

health insurance through the Working Healthy program, services that enable her to hold a full-time job at the Kansas Youth Empowerment Academy ([Attachment 22](#)).

Written-only testimony from the following people was provided to Committee members:

- Lou Ann Kibbee, Systems Advocacy Manager, Southeast Kansas Independent Living Resource Center ([Attachment 23](#));
- Hilary Garrett, private citizen ([Attachment 24](#));
- Marciano Arguelles, private citizen ([Attachment 25](#));
- Mark Dugan, private citizen ([Attachment 26](#));
- Cindy Luxem, President and CEO, Kansas Health Care Association/Kansas Center for Assisted Living ([Attachment 27](#));
- Chad Austin, Senior Vice President, Government Relations, Kansas Hospital Association ([Attachment 28](#)); and
- Dr. Katrina Ostmeier, Associate Executive Director, Integrated Behavioral Technologies, Inc. ([Attachment 29](#)).

A Committee member expressed a desire to offer two motions for consideration by the Committee. The Chairperson indicated recommendations are made at the end of the year and did not allow the motions.

Another Committee member emphasized the need for the Committee to address pay for direct care workers.

Conferees responded to members' questions:

- The Medicaid threshold allows a person to keep only \$2,000 in personal funds. A Letter of Voluntary Contribution allows an individual to spend down personal funds in order to qualify for Medicaid (Ms. Ordoyne);
- Treatment for individuals with TBI and those with acquired brain injury is exactly the same. The distinction is arbitrary (Ms. Weidler-Hyten); and
- Long-term care facilities are subject to surveys at least every 12 months. Surveys improve the quality of care (Ms. McFatrigh).

Following a response from Mr. Gatewood about delaying KanCare 2.0, *Representative Ward made a motion not to move forward with KanCare 2.0. The Chairperson ruled the motion out of order. Following some debate, the decision of the Chairperson was challenged. The vote challenging the Chairperson's ruling was 5 to 5. The motion failed.* Representatives Ward and Ballard and Senator Bollier were recorded as voting in favor of the challenge to the Chairperson's ruling.

KanCare Update

Jonathan Hamdorf, Director, Division of Health Care Finance, and Medicaid Director, KDHE, provided an update on KanCare ([Attachment 30](#)). Regarding the eligibility process, he reported daily calls by KDHE to Maximus regarding the Clearinghouse deficiencies have brought some improvement; he called the Clearinghouse oversight a work-in-progress. Mr. Hamdorf stated he made a budget request for 25 additional positions to assist in improving response time for applications. Regarding the Family Medical programs, he commented a significant drop in reviews has resulted in further work with Maximus. He stated changes in the system should result in better progress with the Elderly and Disabled programs, which continue to have a large number of applications. However, the long-term care applications and reviews have trended down. The expansion of the Liaison Pilot Program is ongoing, with the expectation all 360 long-term care facilities will soon be included in the program.

Mr. Hamdorf indicated KDHE has developed an eligibility charter with key priorities for the KanCare program. KDHE has been considering the measures that could be taken if Maximus does not meet the contract expectations by June 1. Among the considerations is the possibility KDHE would assume portions of the Maximus responsibilities in those areas where KDHE would be able to provide a better service with the least disruption to the beneficiaries. He stated he keeps a daily running total of liquidated damages, and KDHE will take action on those damages should Maximus fail to meet the June 1 deadline.

Mr. Hamdorf listed several eligibility innovations. He expects these steps will enhance the effectiveness of the eligibility process. He also reviewed the nursing-home survey results, which show a significant increase (61.0 to 75.0 percent) in satisfaction with the Liaison Program. He then referenced a Nursing Facility newsletter to illustrate some of the services available through KanCare ([Attachment 31](#)).

A member expressed concern that fewer nursing homes were accepting Medicaid patients because of problems with reimbursement. Another member congratulated Mr. Hamdorf on the effectiveness of the Liaison Program.

Mr. Hamdorf outlined the KanCare program updates. He traced the 1115 Waiver application timeline and the adjustments being made to the KanCare program (KanCare 1.x). The adjustments to the 1115 Waiver would be focused on the following hypotheses proposed by KDHE: value-based reimbursement will further integrate physical and behavioral health services; increasing employment and independent living supports to provide opportunities for individuals with a disability or a behavioral health condition will help them become more independent; telehealth will enhance access to care in rural, semi-rural, and underserved areas; and removing barriers for services provided in institutions for mental diseases (IMDs) will result in improved access to services and better health outcomes. CMS currently limits the state's reimbursement for IMDs. Mr. Hamdorf stated KDHE will be seeking a waiver from CMS for full reimbursement of the whole spectrum of substance use disorder (SUD) and co-occurring SUD and mental health conditions services provided within IMDs.

In response to questions, Mr. Hamdorf indicated the directive regarding the 1115 Waiver application moving forward is that KDHE would continue to consider the possibility of work requirements in the future, but without a lifetime limit on eligibility. He stated discussions with CMS will be clear that no changes to KanCare eligibility will be implemented until at least July 1, 2019, or January 1, 2020, to allow input from the Legislature. Mr. Hamdorf indicated the lifetime limit on eligibility included in the 1115 Waiver application filed with CMS may be removed

through language in the special terms and conditions to that effect or, if requested by CMS, by filing an amendment to the application.

Mr. Hamdorf stated the KanCare 1.x Request for Proposal (RFP) is in the procurement process. The technical review and cost proposal review have been completed, and KDHE will be meeting with the bidders in the future. The RFP process is separate from the waiver application process that addresses eligibility conditions for receipt of benefits, and the RFP is used to select the entities that will provide KanCare services.

Additionally, Mr. Hamdorf stated a KDHE data analysis team review of the KanCare utilization data indicated the numbers did not match up with what had been previously provided to the Committee. To address this matter, KDHE obtained the services of an independent data analyst and combined that analysis with an analysis by the KDHE data analysis review team, resulting in what the agency believes is a more accurate representation of KanCare utilization. He then provided the new data analytics comparing 2012 and 2016 KanCare and HCBS waiver utilization and KanCare cost comparisons. He outlined the value-added services being accessed by members, updated the MCOs' financial status, reviewed progress on KanCare's Corrective Action Plans, and listed several other updates, including Kansas being selected for the Medicaid Innovation Accelerator Program to address opioid use.

Dr. Robert St. Peter, President and CEO, Kansas Health Institute (KHI), commented on collaborative efforts between KHI and KDHE to provide staffing and data analytics, the KanCare Meaningful Measures Collaborative. The Chairperson suggested an outline of this collaborative initiative be considered on the first day of the Committee's third-quarter meeting to allow for Committee input on the collaborative.

Jeff Andersen, Secretary of Health and Environment, followed with further comments on how to integrate Medicaid and public health and improve healthcare financial performance. He provided a summary of services and payments across the MCOs and the average cost per service.

Dr Greg Lakin, State Health Officer and Medicaid Medical Director, KDHE, provided an update on the opioid epidemic and nursing homes' use of anti-psychotic drugs for dementia patients. He said policies are being developed to address short-term and chronic opioid users, and a draft policy is being considered to reduce anti-psychotic drug use for dementia patients.

Mr. Hamdorf referenced the KDHE KanCare Executive Summary ([Attachment 32](#)).

Update on Osawatomie State Hospital; Update on Larned State Hospital; Intellectual/Developmental Disability HCBS Waiver Update/Long-Term Services and Supports; Waiting Lists Update; University of Kansas Medicaid Contract Update; Update on Long-Term Care Facility Surveys; Status of Nursing Facilities Operated by Skyline Health Services; Average Daily Census for State Institutions and Long-Term Care Facilities; Update on Savings from Transfers from Private Institutions to HCBS

Secretary Keck introduced Amy Penrod, Commissioner of Community Services and Programs, KDADS ([Attachment 33](#)). Ms. Penrod, after noting the HCBS monthly summary, reviewed information regarding the waiting lists and identified current efforts to reduce them. She commented KDADS has reconvened the Autism Advisory Council, with the goals of

providing KDADS with recommendations on topics including appropriate training guidelines for autism service providers and growing the provider network. The Autism Advisory Council has identified other areas of interest, including streamlining enrollment and billing processes for providers and increasing reimbursement rates. She indicated KDADS is working collaboratively with KDHE and the MCOs to address network issues for those on the Autism Waiver. Ms. Penrod also reported KDADS is proposing four types of network adequacy standards for HCBS and Behavioral Health services. KDADS and KDHE will collect monthly and quarterly data sets from the MCOs, claims data, and the Electronic Visit Verification System to track performance against the standards. She outlined HCBS policy updates, which included developing two Person-Centered Service Plan policies reflecting CMS and stakeholder feedback, one focused on Intellectual/Developmental Disability services and the other on the remaining waiver populations. She provided data on the HCBS waivers, including actual MCO paid amounts; projected MCO capitation rate cost breakout; Program for All-inclusive Care for the Elderly (referred to as PACE) update; average monthly caseloads for HCBS waivers, HCBS Money-Follows-the Person, long-term care facilities, and state institutions; average census for state institutions and long-term care facilities; and average length of stay for psychiatric residential treatment facilities (PRTFs).

Susan Fout, Commissioner of Behavioral Health Services, KDADS, reviewed information regarding PRTFs and the determination of “medical necessity.” She explained each MCO determines the medical necessity that allows a youth to enter a PRTF. She mentioned a pilot program that began October 1, 2017, and ended April 1, 2018, which entailed community mental health centers (CMHCs) and the MCOs engaging children on the PRTF wait list and their families in intensive community services. The pilot allowed the CMHCs to complete Community Based Services Teams (CBSTs), and the MCOs paid an enhanced rate for each CBST. She cited possible alternatives to avoid institutional placement.

Ms. Fout also noted KDADS is coordinating with other state agencies and the MCOs to provide behavioral health intensive crisis services for youth and their families. The proposed initiatives will be assisted by a four-year System of Care grant for children and youth with serious emotional disturbance, which includes wraparound services for youth and families. During the grant period, KDADS staff will develop a sustainability plan and move toward a state-wide System of Care. She stated KDADS is developing an RFP to be posted in the latter part of April 2018 to establish enhanced crisis administration services, including a 24-hour crisis hotline and mobile response for all populations.

Ms. Fout responded to members’ questions:

- Each MCO determines medical necessity independently. KDHE and KDADS audit the records and review the MCOs’ decisions; and
- The differences in the number of PRTF patients per MCO is partially determined by the population served by the MCO.

A member expressed concern regarding the lack of geographical distribution of available services.

Secretary Keck commented on the insolvency of Skyline Health Care, which operates 15 adult care homes in Kansas. State statutes allow the Secretary for Aging and Disability Services to become a receiver, and, under specific conditions, operate an adult care home. The

Secretary for Aging and Disability Services filed Applications for Receivership in 13 Kansas district courts; the Kansas Supreme Court granted a request to consolidate the 15 actions and transferred venue to the Johnson County District Court. Secretary Keck was appointed as the temporary Receiver and, under that authority, used civil monetary penalty funds to meet payroll and other expenses to keep the 15 facilities open until a buyer can be found. He entered into an agreement with Missions Health of Georgia, LLC, to oversee the management of the 15 facilities. Respondents to the Skyline action consented to the appointment of Secretary Keck as the receiver of the 15 adult care homes.

Secretary Keck updated the Committee on the long-term care surveys. He noted CMS survey regulations were revised, and all KDADS surveyors have been trained on the new survey process, the new federal regulations, and the revised CMS interpretive guidelines. He noted KDADS survey policies and procedures will be reviewed and revised to incorporate the CMS changes. He expressed concern for the delays in completing surveys within the time required. In an effort to address the survey delays, licensed practical nurse surveyors will be trained to do portions of the surveys, allowing the registered nurse (RN) surveyors to concentrate on those survey tasks that require their knowledge and skills. Secretary Keck commented he would be asking for enhanced funding to raise RN surveyor salaries sufficiently to attract applicants.

Secretary Keck briefly reviewed information regarding Osawatomie State Hospital (OSH) and Larned State Hospital. He provided data on the newly certified Adair Acute Care at OSH, noted staff changes, and listed statistics identifying overtime trends and vacancies. Answering a question, Secretary Keck replied he is continuing to negotiate with a vendor to privatize OSH, and an additional consideration is to issue an RFP for a regional model to add beds. Secretary Keck assured members that he would bring any privatization proposal to the Legislature as required by statute and the proviso prohibiting privatization without legislative approval. He also mentioned the Mental Health Task Force will continue to meet and assist in developing a strategic plan to address behavioral health needs.

Afternoon Session

Human Services Consensus Caseload Spring Estimates

Jennifer Ouellette, Principal Fiscal Analyst, Kansas Legislative Research Department (KLRD), reviewed the Spring 2018 Human Services Consensus Caseloads Estimates for FY 2018 and FY 2019, a compendium of revised expenditure estimates compiled by the Division of Budget, Kansas Department for Children and Families, KDHE, KDADS, and KLRD ([Attachment 34](#)). The estimates include expenditures for Temporary Assistance for Families, the Reintegration/Foster Care contract, and KanCare Regular Medical Assistance and KDADS Non-KanCare. Ms. Ouellette listed the combined estimate for FY 2018 and 2019 as an all-funds increase of \$108.0 million and a State General Fund (SGF) increase of \$109.1 million above the Governor's recommended budget. The FY 2018 estimate for all human service caseloads is \$3.0 billion from all funding sources, including \$1.0 billion from the SGF. The FY 2019 estimate is \$3.4 billion from all funding sources, including \$1.2 billion from the SGF.

KanCare Ombudsman Report

Written-only testimony was provided by Kerrie Bacon, KanCare Ombudsman, containing the KanCare Ombudsman Quarter 1 Report for Calendar Year 2018 ([Attachment 39](#)).

Responses from Agencies and MCOs

MCO Presentations

Kevin Sparks, CEO, UnitedHealthcare Community Plan of Kansas, commented about a new transparency dashboard, Medicaid Insights and Transparency Initiative, managed by a third party non-profit organization. Mr. Sparks introduced Jeff Stafford, Chief Operating Officer, and Anna Purcell, Business Consultant, both of whom demonstrated the dashboard's functions and illustrated the use of various filters to provide specific categories of information. Mr. Sparks commented that visualizing data can increase the effectiveness of the information. Presently, the dashboard functions only within the UnitedHealthcare system, but could later be expanded to include all three MCOs ([Attachment 35](#)).

Frank Clepper, CEO, Amerigroup Kansas Plan, reviewed the activities and services provided by Amerigroup ([Attachment 36](#)). He commented on the MCO's operational performance, provider engagement, and consumer engagement, the latter of which he illustrated by recounting care management successes. He referenced ways in which the MCO addresses social determinants of health and independence, such as grants for mobile grocery services. He noted value-added benefits members receive for such things as child and adult dental care. Mr. Clepper provided quality metrics and Healthcare Effectiveness Data and Information Set (HEDIS) measures.

Mr. Clepper referenced an Amerigroup information booklet, "Health Book for Teens" ([Attachment 37](#)). A member commended him for a clearly written booklet. Another member suggested the booklet include material on sex education.

Chris Coffey, Plan President and CEO, Sunflower Health Plan, commented the MCO has been partnering with the Kansas Association for the Medically Underserved to collect aggregate data on social determinants in order to enhance services to members. He introduced Dr. Katherine Friedebach, Chief Medical Director, Sunflower Health Plan. Dr. Friedebach noted a "Commendable" accreditation status awarded by the National Committee for Quality Assurance and the improved numbers for adult preventive care ([Attachment 38](#)). She commented on the member outreach efforts ("warm call"), the HEDIS measures, and the partnership with providers. She introduced a new resource, Patient Analytics, and provided information showing improved quality of care for children and adolescents.

Approval of February 16, 2018, Minutes; Next Meeting

By motion of Representative Concannon, seconded by Senator Estes, and unanimous vote of the Committee, the Committee minutes for February 16, 2018, were approved.

Adjourn

The Committee adjourned at 3:05 p.m. No dates were scheduled for the Committee's third-quarter two-day meeting.

Prepared by Gary Deeter
Edited by Iraida Orr

Approved by the Committee on:

August 20, 2018

(Date)