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**Bob Bethel Joint Committee on HCBS and KanCare Oversight**  
**Report by Kerrie J. Bacon, KanCare Ombudsman**  
**April 20, 2022**

Madam Chair and Committee members,

I appreciate the opportunity to share information with your committee about the activities of the KanCare Ombudsman Office. This office is tasked by the Center for Medicare and Medicaid Services (CMS) through the KanCare agreement to provide quarterly information about the activities of the KanCare Ombudsman office. The first quarter report for 2022 is provided in the attached report. The report can also be found on our webpages in the [report section](#).

Please turn to page six in the report. The chart at the top shows the impact of the COVID-19 pandemic and the federal emergency order to temporarily stop the dropping of Medicaid members to the calls received by our agency as well as others such as the KanCare Clearinghouse. The format is a little different than past reports. This chart shows the percent increase or decrease in contacts, by quarter, compared to first quarter 2020. First quarter of 2020 was the quarter directly before the COVID-19 pandemic hit and organizations closed or went to work remotely.

Our increase in volunteers has improved our response time. We have volunteers covering both offices four days a week (see page 7). Our response time during first quarter was 92% within two days.

		% Responded 0-2 Days	% Responded in 3-7 Days	% Responded 8 or More Days
Q3/2021	644	87%	12%	1%
Q4/2021	566	87%	12%	2%
Q1/2022	524	92%	8%	0%

During first quarter the [Psychiatric Residential Treatment Facility \(PRTF\) fact sheet](#) was completed and approved for publication. It can be found on our [webpages](#) and is being distributed by the MCO's, PRTFs, and other related organizations. The fact sheet is attached to this testimony.



## Psychiatric Residential Treatment Facility (PRTF)

### 1. What is a Psychiatric Residential Treatment Facility (PRTF)?

A PRTF is a sub-acute level of psychiatric care for children in the state of Kansas. It is not a permanent or long-term placement, but a treatment facility. A PRTF is a treatment facility in a residential setting that will provide all psychiatric services needed by the child with family/guardian involvement. PRTFs are paid a daily rate for the services.

A PRTF, which is a Kansas Medicaid billable service for Kansas based PRTFs, is not the same as a Residential Treatment Center (RTC). Kansas does not have RTCs and RTC's are not reimbursable by Medicaid.

### 2. How can parents/guardians avoid using a PRTF?

If children start receiving psychiatric services earlier in the process from the local Community Mental Health Center (CMHC) or local provider, the need for PRTF for a child may not be necessary.

### 3. What if the child/youth is escalating and the parent/guardian is not getting the help they need?

The parent/guardian should check with the following resources for help:

- The local Community Mental Health Center (CMHC), case manager, therapist, social worker or administrator.
- [Mobile Crisis Helpline](#); available 24/7 - (833) 441-2240 School Counselor, School Social Worker or School Administrator
- [Families Together](#) (assisting families)
- The child/youth's Managed Care Organization (Aetna, Sunflower, United)
- [Keys for Networking](#); [info@keys.org](mailto:info@keys.org) or (785) 233-8732
- [Disability Rights Center](#); (785) 273-9661 or toll free at (877) 776-1541
- KanCare Ombudsman Office, (855) 643-8180

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## 4. What are the Program Eligibility requirements for a child to be admitted?

All community-based services must be exhausted before looking at the use of PRTF, including Home and Community Based waiver services if appropriate (i.e. SED waiver, IDD waiver). The state must treat children in the least restrictive setting for meeting their needs. In all cases, the team of stakeholders, including the parent/guardian, will need to evaluate all treatment and/or services that are available and in the best interest of the child.

PRTF eligibility requirements:

- Guardian must request PRTF services for the child from the MCO; then the MCO has 14 calendar days to make a decision.
- The child's condition must meet the medical necessity definition. See in the [KMAP PRTF Provider Manual](#); 8400 on page 8-3 for the definition and criteria.
- The MCO can choose to evaluate the medical necessity using several options.
  - The MCO can request a preauthorization review (PAR) and/or Community Based Services Team review (CBST review). The provider has seven days from the date of MCO request to return the information to the MCO.
  - The MCO can request additional information from the local Community Mental Health Center (CMHC) or local providers.
- The MCO gathers all information and makes a determination as to whether a child/youth meets medical necessity for admission OR they can be appropriately diverted from PRTF admission. If diverted (to local services), they will give recommendation on suggested additional services. If diverted, the family has the right to appeal to the MCO.

Note: **Pre-Authorization Review** or **PAR** is like a screen; the MCO will review what is currently happening with child; is there a reason to be looking at a PRTF. PAR will make recommendations as to whether they meet criteria; but they do not make the decision.

**Community Based Services Team review** or **CBST** looks at all current services; child and family's involvement in services, barriers to services, and any possible services that can be added. CBST will make recommendations.

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- After a parent/guardian requests admission to a PRTF, the MCOs have 14 calendar days to make their determination. If a PRTF admission is requested, and the MCO denies that but decides to divert and approve another form of treatment, the family can appeal the denial of PRTF services.
- If approved, the child can be placed on the waitlist with the agreed upon PRTF(s). See number 11 below for additional information on wait lists.

Note: A child is considered “on a waitlist” once the parent/guardian chooses the PRTF(s) and signs a Release of Protected Health Information form for that PRTF. If the parent chooses more than one PRTF, then the “Release” must be signed and turned in to each PRTF that is chosen. The PRTF will then determine if child/youth will be accepted on the waitlist based on their ability to meet the needs of the child.

### 5. Appeals and State Fair Hearings for Admission

**Q.** How long does the family have to submit the appeal?

**A.** They have 63 calendar days from the date of the Notice of Adverse Benefit Determination (aka Notice of Action) to request an appeal.

**Q.** Does the MCO send a notice of action in the mail?

**A.** Yes. When the MCO decides to divert, they are denying the request for admission to the PRTF. The family/guardian can appeal the denial of admission to the PRTF.

- If appealed, the MCOs have 30 calendar days after receipt of the appeal to review their denial decision, decide to uphold it or reverse it, and issue an appeal resolution notice.

### 5. Age Clarification: ages 6-21years old (child must be under the age of 22)

Each PRTF is licensed to treat a certain population, based on age. Each PRTF sets the age range and population that they work with. Most PRTFs will not accept for admissions, a person age 18-21 without them being in the custody of a guardian.

### 6. What is the Kansas Medicaid criteria for the PRTF program?

- All Community Based Services with Community Mental Health Center have been exhausted.
- Once the family has requested a PRTF level of care there is an MCO approval process.

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- This is a Medicaid approved service.
- PRTF's are billed with a Medicaid code, so therefore are covered by Medicaid participants. Some third-party insurances have limited coverage.

**Note:** If the child is admitted with private insurance the MCO should also be involved from the beginning as they would become the primary payor if and when the third-party insurance stops paying. This is something that happens fairly regularly.

## 7. Is there a share of cost for a PRTF?

Generally, children do not have a share of cost. There are rare exceptions to this based on Medicaid eligibility regulations.

## 8. How do I request PRTF services?

Guardian or parent must request it through the child/youth's managed care organization (MCO.)

## 9. What are the PRTF Services?

PRTFs provide services including family therapy, individual therapy, psycho-social groups and other specialty therapies. PRTFs may serve specific population groups. (i.e. age and/or gender, serving children with IDD, sexual offender, autism).

## 10. What happens once the child/youth is approved for PRTF Services?

- The parent/guardian will work with the CMHC, the private therapist and MCO to determine the appropriate PRTF options for the child/youth.
- The parent/guardian must sign a release for each PRTF chosen for the referral to be submitted to a PRTF.
- The PRTF will review the referral and decide if they are able to meet the needs of the child/youth and family. If so, the child/youth will go on the waiting list.
- The MCO will notify the parent of acceptance or denial of PRTF referral.
- The child/youth should be given recommendations to start additional services if needed while waiting for PRTF admission.
- It is essential for the family and child to be involved in all recommended services.

## 11. Wait List Information

**How does the waiting list work?** The parent or guardian will choose the PRTF(s) to be wait listed for admissions. The more PRTFs chosen by the parent/guardian normally

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results in a decreased waitlist time. Parent or guardian should only choose PRTFs that they believe will be able to meet their child's need and are willing to accept admission to.

Each PRTF keeps its own waitlist. Admissions are decided based on several factors (age, sex, ability to serve the child's needs).

When parent/guardian is making the list of PRTFs they would like their child considered for admission to; the CMHC, local provider and/or the member's MCO can provide additional information about each PRTF to assist with the selection process.

**Note:** A child is considered "on a waitlist":

- Once medical necessity has been determined by the Managed Care Organization (Aetna, Sunflower, United)
- once the parent/guardian chooses the PRTF(s) and
- signs a Release of Protected Health Information form for each PRTF
- the MCO sends referral to selected PRTFs
- PRTF reviews and accepts the referral.

### 12. Is there a Crisis and Exception process for PRTF?

**There is not a crisis exception.** Crisis services are provided through local CMHCs and/or acute psychiatric hospitals.

If a parent/guardian believes that their child needs additional care, they should first contact the CMHC or local provider for additional services. See resources listed on number three (above), page one.

If the child is in need emergency psychiatric care, the parent/guardian should reach out to the CMHC, local provider or acute child psychiatric hospital. The MCO would be able to assist the parent/guardian in find resources for acute/crisis child psychiatric services.

- [Mobile Crisis Helpline](#): available 24/7 - (833) 441-2240

### 13. How does discharge planning work?

**Discharge planning begins when the child/youth is admitted to the PRTF.** The goal is to provide services that allow the child/youth to return home. The PRTF and MCO have weekly or bi-weekly meetings to discuss progress of the child/youth and activities that may need to be done to move the child/youth toward discharge. The child/youth,

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parent/guardian and family working together with the PRTF team are an essential part of the process.

### **14. Considerations for transition from the PRTF back to the school setting**

Transitioning from the PRTF setting back to the school setting can be challenging and stressful for the student and school staff. It is vital that the student feel welcomed back into the school setting and that the supports of ongoing recovery are in place. Further, as a great number of students do not return to their home after leaving a PRTF, foster families should be included. Collaboration is recommended between the school, family, PRTF, and outpatient providers (for example: Community Mental Health Center (CMHC), therapist, Foster Care Agency, case managers, etc.). The following steps are best practice and should be considered for a smooth transition back to school:

- Effectively communicate and share necessary information.
- Document parental permission (release of information) for communication between the PRTF and school.
- Provide PRTF with academic records and schoolwork etc. to ensure continued learning and provide the school with academic progress that was obtained while at the PRTF.
- Review of current (or create new), if applicable, Individual Education Plan (IEP), for student.
- Ensure that a school staff member is identified to act as a contact person to facilitate the school re-entry process and liaison for community partners.
- Consider role of Community Mental Health Center in support of child/youth in school setting.
- Conduct a re-integration meeting with PRTF staff, foster family/family, CMHC and/or therapist, and school to create plan for the school setting.
- Arrange a tour and initial connection for student with a staff support person at the school (in the event of new school)
- Share effective strategies for student behaviors/needs.
- Consider partial day re-entry
- Meetings should utilize a mental health strengths-based approach
- Develop a crisis plan (may be part of IEP)
- Develop a plan for addressing long-term absence and missed work-allowing for flexibility in coursework upon return
- Organize daily check-ins with child (usually a school staff person; have a back-up for when main check-in person is out)

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- Provide regular feedback to entire transition team on adjustment back to school
- Provide family and peer-to-peer support (if available). May be through school for student, through CMHC, or public support groups.

All supports should be integrated within the classroom setting and school wide.

### Resources

KSDE TASN ATBS School Mental Health Initiative (n.d.). [\*Transitioning Students from Psychiatric Hospitalization Back to School.\*](#)

## 15. Appeal process for discharge

**Q.** What if the PRTF does not agree with the MCO on the discharge plan/date for a resident?

**A.** The PRTF may disagree with the MCO, but a disagreement regarding medical necessity is not, by itself, an adverse action. If there is no adverse action, the PRTF has no basis for appeal.

**The PRTF may request additional days.** If the MCO denies additional days, then that is an adverse action that the PRTF may appeal. The PRTF may file an appeal with the MCO.

**Note:** An example of an adverse action with a case involving a PRTF regarding discharge: Denial of a request for additional days of PRTF services past the approved days.

**Q.** If the appeal is denied, can the PRTF file for a state fair hearing (SFH)?

**A.** Yes. If the PRTF completed the appeal process, the PRTF can ask for a SFH.

- **Note:** If there is no adverse action to appeal, the appeal will be processed, but simply completing the appeal step does not mean the PRTF will be successful in a state fair hearing. The PRTF can ask for a hearing, but it will be dismissed if there is no adverse action.
- Can the parent/guardian file for a SFH? The parents can ask for an appeal. Once the appeal process is completed, the parents can ask for a SFH. The same comments apply in the above bullet point for a PRTF apply to the parents.



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**Q.** How is the discharge date determined?

**A.** The MCOs work with the clinical staff at all medical facilities, including PRTFs, to determine what is medically necessary for the member, but the MCO's make the decision regarding approval or denial of days in the PRTF.

**Q.** If the youth is found to no longer meet Medical Necessity and discharge is recommended, and the parents do not agree, can the parents/guardians request additional days?

**A.** Yes. If the parent/guardian requests additional days and the MCO denies, that denial is the adverse action that the PRTF or the parents/guardian need for the appeal and for a state fair hearing.

**Q.** Can the parent/guardian appeal the medical necessity determination?

**A.** Yes, but only if the MCO determines that the requested services are not medically necessary. All requests will go through a review process for medical necessity. Some request for services are approved and some are denied based on medical necessity.

For example: If the parents request a PRTF admission, and the MCO determines that a certain number of days are medically necessary, that request was approved. Once the member has received that number of days of PRTF service, even if the parents want their child to remain in the PRTF for additional days, there is no adverse decision to appeal at the end of the approved/allowed days.

If the parent wants additional days over what has been approved as medically necessary, they will need to submit a request for additional days in the PRTF, at the review meeting. **If the parents request additional days that the MCO denies as not medically necessary, the parents can appeal that determination.**

**Note:** PRTFs are not a long term or permanent placement. They are based on the medically necessary treatment needs of the child for institutional care. PRTF's goal is treatment and to get the child back into the home and the least restrictive services

For more information on Medical Necessity: [KMAP PRTF Provider Manual](#)  
(See 8400 on page 8-3.)

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- Q.** How do the parents submit a request for additional days? Does it need to be in written form and to whom is it sent?
- A.** The PRTF and the MCO will have regular review meetings and the parent will be included in these reviews. During the review, the parent or PRTF can request additional days of the MCO.

### 16. How long does the parent have to file an appeal? A State Fair Hearing?

#### Filing an Appeal

The parent/guardian has 63 calendar days to file an appeal after receiving a notice of Adverse Benefit Determination (aka Notice of Action). If a request for additional days in the PRTF is denied, the parent will receive a Notice of Adverse Benefit Determination. The parent should count forward 63 days from the date of the Notice. The parent needs to submit the appeal within 63 days to the address the MCO designates in the Notice of Adverse Benefit Determination. The parent can also call the MCO to file an appeal.

Note: The parent should pay close attention to what they receive because they will also receive a Notice when the MCO approves the days in the PRTF. They cannot appeal based on the approval notice because the MCOs have approved the request at that point.

**Filing a state fair hearing (SFH)** also known as hearing or fair hearing.

The parent/guardian has 123 calendar days to file a State Fair Hearing (SFH) after they receive a Notice of Appeal Resolution. The parent should count forward 123 calendar days from the date of the Notice of Appeal Resolution. Just completing the appeal process does not guarantee there is an adverse action that qualifies for a fair hearing.

- Q.** Does the child continue to receive PRTF services during an appeal or state fair hearing?
- A.** No. A denial of an authorization request for additional days in a PRTF does not qualify as the type of service that is eligible for continuation during the appeal or state fair hearing.

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### 17. Frequently Asked Questions

**Q.** What is the common lengths of stay at a PRTF?

**A.** The length of stay is based on continued medical necessity. Some stays may be less than a month. The average tends to be between two and four months.

**Q.** What is the parent/guardian role while the child/youth is in the PRTF?

**A.** The parent/guardian/family will be expected to participate in family therapy, visits to the PRTF, going on one day outings near the PRTF, one day – to several day home visits. This is all part of the process of the family and child/youth learning to work together again and practice new skills developed during PRTF stay and family visits. Feedback from family on how these visits go are vital to the ongoing treatment for the youth/child. Family visits and passes are expected to reflect normal family activities that will be experienced after discharge.

**Q.** Where can I find more resources?

**A.** There is a [provider manual](#) for Psychiatric Residential Treatment Facilities found on the KMAP website. Pages 8-3 to 8-6 include information about Medical Necessity, Admission Criteria, Prior Authorization, and Discharge Planning.

Family run (focused) organizations; Keys for Networking, Families Together and other local organizations. See also number three on page one of this document.

Local Community Mental Health Center and community providers

**Q.** When does the PRTF start discharge planning?

**A.** Discharge planning for the residents begins upon admission to the PRTF. This process should include the CMHC staff where the youth will be discharging to (if determined); the treatment team and other facility staff; school where the child/youth will be discharging to, and the resident and their legal guardian (when possible.) The CMHC and the parent/legal guardian should remain in contact with the facility treatment team to assist in any transition discharge planning. Discharge criteria will be established when writing the plan of care.

Prior to discharge, the PRTF shall submit documents related to the resident's care in their facility to any mental health provider who will be providing aftercare. The key components on these documents include:

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- Medical needs including allergies
- Medications: dosage, clinical rationale, prescriber (it is best practice to ensure the child is discharged with 30 days of medication to ensure continuity of care.)
- Discharge diagnosis
- Prevention plan to address symptoms of harm to self or others
- Any other essential recommendations
- Appointments with service providers after discharge including the date, time, and place
- Contact information for internal providers
- Contact information for CMHC/PRTF liaisons
- CMHC Crisis Line number
- PRTF education provider's contact number (for schools)

Resources used for this document:

1. [PRTF Admission Process for Medicaid Covered Beneficiaries 2017](#)
2. [KMAP PRTF Provider Manual](#)

Contacts for additional questions and support:

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**Note: This document is not intended to be a manual that will answer all PRTF questions. It is meant to be a guide and to help parents/guardians and behavioral health professionals understand the PRTF process.**

This fact sheet was developed in partnership with the KanCare Ombudsman Office, Kansas Department for Aging and Disability Services/Behavioral Health Services Commission, Kansas Department for Health and Environment/Health Care Finance, the PRTF Stakeholder group, and the three managed care organizations: Aetna, Sunflower and United.



# KanCare Ombudsman Report

**Quarter 1, 2022** (based on calendar year)

**January 1 – March 31, 2022**

Data downloaded 4/8/2022

## KanCare Ombudsman Office

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## II. Highlights/Dashboard

### A. Contacts:

Initial Contacts continue to be at a reduced amount due to lower call volume during the pandemic emergency order.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2020	903	478	562	601
2021	564	591	644	566
2022	524			

### B. Volunteer Program

The KanCare Ombudsman Office has seven volunteers taking calls (including three that are being mentored). Four days are covered in each Satellite Office for responding to calls to our toll free number. The offices have rebounded from the drop in volunteers during the COVID-19 pandemic.

### C. New resource

The Psychiatric Residential Treatment Facility ([PRTF](#)) [fact sheet](#) was created in partnership with the Kansas Department for Aging and Disability Services (KDADS) Behavior Health for Children and Youth Team and the KanCare Ombudsman Office.

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Fact Sheet**



## Psychiatric Residential Treatment Facility (PRTF)

### 1. What is a Psychiatric Residential Treatment Facility (PRTF)?

A PRTF is a sub-acute level of psychiatric care for children in the state of Kansas. It is not a permanent or long-term placement, but a treatment facility. A PRTF is a treatment facility in a residential setting that will provide all psychiatric services needed by the child with family/guardian involvement. PRTFs are paid a daily rate for the services.

A PRTF, which is a Kansas Medicaid billable service for Kansas based PRTFs, is not the same as a Residential Treatment Center (RTC). Kansas does not have RTCs and RTC's are not reimbursable by Medicaid.

### 2. How can parents/guardians avoid using a PRTF?

If children start receiving psychiatric services earlier in the process from the local Community Mental Health Center (CMHC) or local provider, the need for PRTF for a child may not be necessary.



### III. KanCare Ombudsman Purpose

The KanCare Ombudsman Office helps Kansas Medicaid members and applicants, with a priority on individuals participating in long-term supports and services through KanCare. The KanCare Ombudsman Office assists KanCare members and applicants with access, service, and benefit problems. The KanCare Ombudsman office helps with:

- Answers to questions
- Resolving issues
- Understanding letters from KanCare
- Responding when you disagree with a decision or change
- Completing an application or renewal
- Filing a complaint (grievance)
- Filing an appeal or fair hearing
- Learning about in-home services, also called Home and Community Based Services (HCBS)

The Centers for Medicare and Medicaid Services [Special Terms and Conditions \(2019-2023\), Section 36](#) for KanCare, provides the KanCare Ombudsman program description and objectives.

### IV. Accessibility to the Ombudsman’s Office

#### A. Initial Contacts

The KanCare Ombudsman Office was available to members and applicants of KanCare/Kansas Medicaid by phone, email, written communication, social media and the Integrated Referral and Intake System (IRIS) during first quarter of 2022.

Initial Contacts is a measurement of the number of people who have contacted our office, not the number of contacts within the time of helping them. Our tracking system is set up to keep the information of all contacts for that person in one file for ease of reviewing a case and maintaining ongoing information on a case. We may help a person who contacts our office with one call, or it may take many emails and phone calls to resolve. This chart shows only the number of people who have contacted us.

The last several quarters of contacts are down; we believe it is due to the policy of not dropping members from coverage during the federal pandemic emergency order.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2017	825	835	970	1,040
2018	1,214	1,059	1,088	1,124
2019	1,060	1,097	1,071	915
2020	903	478	562	601
2021	564	591	644	566
2022	524			

The chart below shows an example of one other organization that has had a significant decrease in calls during the COVID-19 pandemic as well. According to this information it appears that the Clearinghouse contacts have a similar decrease to first quarter of 2020 as the KanCare Ombudsman office.

	KanCare Ombudsman Office Contacts	% +/- Comparison to Q1/20	KanCare Clearing-house Contacts	% +/- Comparison to Q1/20
Q4/19	915		126,682	
Q1/20	903		128,033	
Q2/20	478	-47%	57,720	-55%
Q3/20	562	-38%	57,425	-55%
Q4/20	601	-33%	59,161	-54%
Q1/21	564	-38%	81,398	-36%
Q2/21	591	-35%	64,852	-49%
Q3/21	644	-29%	65,156	-49%
Q4/21	566	-37%	50,009	-61%
Q1/22	524	-42%	52,821	-59%

## B. Accessibility through the KanCare Ombudsman Volunteer Program

The KanCare Ombudsman Office has two satellite offices for the volunteer program: one in Kansas City Metro and one in Wichita. The volunteers in both satellite offices answer KanCare questions, help with issues and assist with filling out KanCare applications (by phone only during the COVID-19 pandemic).

During first quarter, there have been four volunteers assisting in the offices. In addition, we have two volunteers that have completed their training and are being mentored with taking calls; and we have five volunteers that are in training. Both satellite offices follow COVID-19 protocol for people in the buildings and the number of people in the buildings have been very limited. Calls to the toll-free number are covered by volunteers in the satellite offices, and when there is a gap in coverage, the Topeka staff cover the phones.

Office	Volunteer Hours	# of Volunteers	# of hours covered/wk.	Area Codes covered
Kansas City Office	Mon: 9:00 to noon Tues: 1:00 to 4:00pm Wed. 9am to noon Thurs. 1:00pm to 4:00pm	4	12	Northern Kansas Area Codes 785, 913, 816
Wichita Office	Mon: 9:00 to noon Tues: 9:00 to noon Wed. 9am to noon Fri. 9am to noon	3	12	Southern Kansas Area Codes 316, 620

As of April 8, 2022

## V. Outreach by KanCare Ombudsman Office

The KanCare Ombudsman Office is responsible for helping members and applicants understand the KanCare application process, benefits, and services, and provide training and outreach to the managed care organizations, providers, and community organizations. The office does this through:

- resources provided on the KanCare Ombudsman web pages
- resources provided with contacts to members, applicants, and providers
- outreach through presentations, conferences, conference calls, video calls, social media, and in-person contacts.

The large increase in outreach for during third and fourth quarters was directly related to our AmeriCorps VISTA volunteers. They updated our KanCare Application Assistance Guide that lists organizations that help with filling out KanCare applications. The VISTAs contacted all Local Public Health Departments and other community organizations that have the potential to provide that type of assistance. The VISTAs explained what our organization does, what resources we have available and asked if they would like a packet of our brochures to share with staff and consumers. We are very excited about this outreach and hope that it will create new opportunities for collaboration across the state.

The below chart shows the outreach efforts by the KanCare Ombudsman Office.

	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
Outreach	49	171	348	142	77

For the full listing of outreach, see Appendix A.

## VI. Data for the KanCare Ombudsman Office

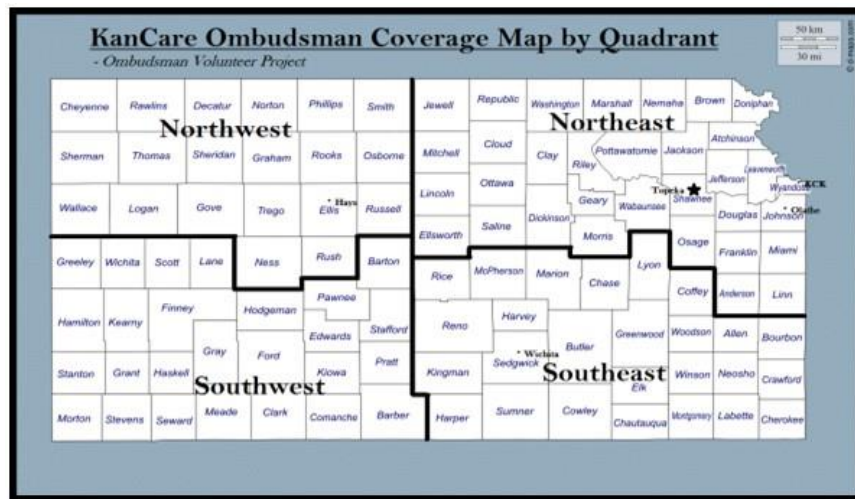
Data for the KanCare Ombudsman Office includes data by region, office location, contact method, caller type, program type, issue categories, action taken, and priority.

### A. Data by Region

#### 1. Initial Contacts to KanCare Ombudsman Office by Region

KanCare Ombudsman Office coverage is divided into four regions. The map below shows the counties included in each region. The north/south dividing line is based on the state's approximate area code coverage (785 and 620).

The chart, by region, shows that most KanCare Ombudsman contacts come from the Northeast and Southeast part of Kansas.



- 785, 913 and 816 area code toll-free calls go to the Kansas City Metro Satellite office.
- 316 and 620 area code toll-free calls go to the Wichita Satellite office.
- The remaining calls, direct calls and complex calls, and emails go to the Topeka (main) office unless people call the direct number for the satellite offices (found on KanCare Ombudsman web pages under [Contact Us](#).)

This chart shows the calls by region to the KanCare Ombudsman Office

#### KanCare Ombudsman Office

REGION	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
Northeast	80	147	94	80	76
Southeast	60	134	96	93	73
Northwest	10	7	8	8	6
Southwest	16	19	12	14	11
Unknown	400	284	433	368	354
Out of State	0	1	1	3	4
<b>Total</b>	<b>566</b>	<b>592</b>	<b>644</b>	<b>566</b>	<b>524</b>

## 2. Kansas Medicaid members by Region

The below chart shows the **Kansas Medicaid population** by the KanCare Ombudsman regions. Most of the Medicaid population is in the eastern two regions. Most Medicaid members are not being dropped at this time due to the pandemic emergency order, so the total Medicaid number is increasing each quarter.

This data includes **all** Medicaid members; KanCare and Fee for Service members.

Medicaid					
Region	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
Northeast	218,205	222,688	227,276	231,064	235,371
Southeast	198,235	202,161	206,092	209,226	213,493
Northwest	14,310	14,409	14,817	15,087	15,281
Southwest	41,958	42,834	43,910	44,639	45,647
<b>Total</b>	<b>472,708</b>	<b>482,092</b>	<b>492,095</b>	<b>500,016</b>	<b>509,792</b>

## 3. Kansas Population Density

This map shows the population density of Kansas and helps in understanding why most of the Medicaid population and KanCare Ombudsman calls are from the eastern part of Kansas.

This map is based on 2015 Census data. The [Kansas Population Density map](#) shows population density using number of people per square mile (ppsm).



- 5 Urban - 150+ ppsm
- 4 Semi-Urban - 40-149.9 ppsm
- 3 Densely Settled Rural - 20 to 39.9 ppsm
- 2 Rural - 6 to 19.9 ppsm
- 1 Frontier - less than 6 ppsm

## B. Data by Office Location

During first quarter, we had the assistance of volunteers in the satellite offices about four days per week (including new volunteers being mentored on the phones). When there was no volunteer coverage for the day, the Ombudsman Administrative Specialist or the Ombudsman Volunteer Coordinator took the toll-free number calls.

Contacts by Office	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
Main - Topeka	387	432	458	410	347
Kansas City Metro	74	90	104	46	78
Wichita	103	69	82	110	99
<b>Total</b>	<b>564</b>	<b>591</b>	<b>644</b>	<b>566</b>	<b>524</b>

## C. Data by Contact Method

The contact method most used continues to be telephone and email. The “Other” category includes the use of the Integrated Referral and Intake System (IRIS) and Healthify, a community partner tool designed to encourage warm handoffs among community partners, keeping providers updated along the way.

Contact Method	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
Telephone	473	449	510	446	377
Email	86	139	126	106	144
Letter	1	1	1	3	0
Face-to-Face Meeting	0	0	3	5	2
Other	2	1	3	5	0
Social Media	4	2	1	1	1
<b>CONTACT METHOD TOTAL</b>	<b>566</b>	<b>592</b>	<b>644</b>	<b>566</b>	<b>524</b>

## Data by Caller Type

Most Consumer contacts are from applicants, members, family, friends, etc. The “Other type” callers are usually state employees, school social workers, lawyers and students/researchers looking for data, etc.

The provider contacts that are not for an individual member, are forwarded to Kansas Department of Health and Environment/Health Care Finance (KDHE/HCF.)

CALLER TYPE	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
Provider	62	100	82	60	93
Consumer	465	434	478	447	364
MCO Employee	2	4	10	5	2
Other Type	37	54	74	54	65
<b>CALLER TYPE TOTAL</b>	<b>566</b>	<b>592</b>	<b>644</b>	<b>566</b>	<b>524</b>

## D. Data by Program Type

Nursing facility issues and Physical Disability (PD) waiver are the top program concerns within the Program Type contacts received for first quarter

PROGRAM TYPE	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
PD	9	14	11	12	26
I/DD	9	17	8	10	10
FE	13	23	23	16	18
AUTISM	0	2	1	1	1
SED	1	1	1	8	5
TBI	5	6	6	4	5
TA	1	1	0	2	0
WH	0	1	0	0	0
MFP	0	1	1	2	2
PACE	0	1	0	3	0
MENTAL HEALTH	3	1	8	3	3
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	24	20	15	34	29
FOSTER CARE	1	0	1	1	3
MEDIKAN	2	1	2	0	1
INSTITUTIONAL TRANSITION FROM LTC/NF	1	1	0	3	1
INSTITUTIONAL TRANSITION FROM MH/BH	1	1	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
<b>PROGRAM TYPE TOTAL</b>	<b>70</b>	<b>91</b>	<b>77</b>	<b>99</b>	<b>104</b>

There may be multiple selections for a member/contact.

## E. Data by Priorities

The Ombudsman Office is tracking priorities for two purposes:

- This allows our staff and volunteers to pull up pending cases, review their status and possibly request an update from the partnering organization that we have requested assistance from.
- This helps provide information on the more complex cases that are worked by the Ombudsman Office.

The priorities are defined as follows:

- HCBS – Home and Community Based Services
- Long Term Care/NF – Long Term Care/Nursing Facility
- Urgent Medical Need – 1) there is a medical need, 2) if the need is not resolved in 5-10 days, the person could end up in the hospital.
- Urgent – a case that needs a higher level of attention.
- Life Threatening – If not resolved in 1-4 days person’s life could be endangered. (should not be used very often.)

PRIORITY	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
HCBS	21	33	28	29	29
Long Term Care / MF	14	22	19	34	28
Urgent Medical Need	9	15	8	10	8
Urgent	15	30	24	24	17
Life Threatening	2	2	0	1	2
<b>PRIORITIES TOTAL</b>	<b>61</b>	<b>102</b>	<b>79</b>	<b>98</b>	<b>84</b>

## F. Data by Issue Categories

The Issue Categories have been divided into three groups for easier tracking and reporting purposes. The three groups are:

1. Medicaid Issues
2. Home and Community Based Services/Long Term Supports and Services Issues (HCBS/LTSS)
3. Other Issues: Other Issues may be Medicaid related but are tied to a non-Medicaid program, or an issue that is worthy of tracking.



## 1. Medicaid Issues

The top Medicaid issues are Medicaid General issues, Medicaid Application assistance, Medicaid Eligibility Issues, Medicaid Info/status, and Billing Issues.

<b>MEDICAID ISSUES</b>	<b>Q1/2021</b>	<b>Q2/2021</b>	<b>Q3/2021</b>	<b>Q4/2021</b>	<b>Q1/2022</b>
Access to Providers (usually Medical)	9	11	11	14	12
Appeals/Fair Hearing questions/issues	12	15	7	5	8
Background Checks	0	0	2	2	0
Billing	38	35	43	45	39
Care Coordinator Issues	7	6	4	6	8
Change MCO	6	3	2	2	4
Choice Info on MCO	1	4	3	4	4
Coding Issues	8	3	1	2	4
Consumer said Notice not received	1	2	1	1	5
Cultural Competency	1	2	0	0	1
Data Requests	6	5	19	11	10
Dental	4	5	6	9	7
Division of Assets	11	10	4	6	13
Durable Medical Equipment	3	7	11	4	4
Grievances Questions/Issues	18	13	12	17	13
Help understanding mail (NOA)	11	24	19	12	16
MCO transition	0	1	0	1	2
Medicaid Application Assistance	123	104	130	133	110
Medicaid Eligibility Issues	108	88	110	103	102
Medicaid Fraud	3	2	3	2	1
Medicaid General Issues/questions	142	173	176	171	166
Medicaid info (status) update	90	86	127	86	78
Medicaid Renewal	13	6	3	3	2
Medical Card issues	10	12	24	20	14
Medicare Savings Plan Issues	31	21	29	30	26
MediKan issues	5	5	4	4	3
Moving to / from Kansas	2	12	10	13	8
Medical Services	22	25	20	11	19
Pain management issues	1	3	3	2	1
Pharmacy	10	10	7	11	10
Pregnancy issues	30	38	23	5	18
Prior authorization issues	4	7	5	7	1
Refugee/Immigration/SOBRA issues	2	2	2	2	0
Respite	2	2	0	1	1
Spend Down Issues	19	19	21	17	17
Transportation	5	14	12	7	13
Working Healthy	2	2	1	2	6
<b>MEDICAID ISSUES TOTAL</b>	<b>760</b>	<b>777</b>	<b>855</b>	<b>771</b>	<b>746</b>

There may be multiple selections for a member/contact.

## 2. HCBS/LTSS Issues

The top issues for this group are HCBS eligibility issues, and HCBS General Issues.

HCBS/LTSS ISSUES	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
Client Obligation	14	10	7	24	13
Estate Recovery	3	9	9	12	17
HCBS Eligibility issues	30	51	45	47	51
HCBS General Issues	45	54	43	35	49
HCBS Reduction in hours of service	3	2	1	1	1
HCBS Waiting List	4	4	5	3	7
Nursing Facility Issues	26	38	35	51	28
<b>HCBS/LTSS ISSUES TOTAL</b>	<b>125</b>	<b>168</b>	<b>145</b>	<b>173</b>	<b>166</b>

There may be multiple selections for a member/contact.

## 3. Other Issues

This section shows issues or concerns that may be *related to* KanCare/Medicaid. Medicare Related and Social Security issues were the two top concerns this quarter.

OTHER ISSUES	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
Abuse / neglect complaints	7	13	10	17	10
ADA Concerns	1	1	0	1	0
Adoption issues	0	3	3	3	0
Affordable Care Act Calls	4	1	3	2	0
Community Resources needed	11	6	6	11	11
Domestic Violence concerns	0	0	1	1	1
Foster Care issues	2	2	10	3	5
Guardianship	3	5	5	4	1
Homelessness	2	4	0	6	0
Housing Issues	5	9	4	16	4
Medicare related Issues	14	17	20	26	21
Social Security Issues	14	15	15	25	13
Used Interpreter	4	2	5	4	4
X-Other	207	54	49	55	39
Z Thank you	335	346	355	294	203
Z Unspecified	26	31	22	19	20
Health Homes	0	0	0	0	0
<b>OTHER ISSUES TOTAL</b>	<b>635</b>	<b>509</b>	<b>508</b>	<b>487</b>	<b>332</b>

There may be multiple selections for a member/contact.

## G. Data by Managed Care Organization (MCO)

See Appendix B

# VII. Action Taken

This section reflects the action taken by the KanCare Ombudsman Office and the related organizations assisting the KanCare Ombudsman Office. This data shows information on:

1. response rates for the KanCare Ombudsman office (Responding to members)
2. response rates to resolve the question/concern for related organizations that are asked to assist by the Ombudsman office
3. information on resources provided (Action Taken)
4. how contacts are resolved (Resolution of Issues)

## A. Responding to Issues

### 1. KanCare Ombudsman Office response to members/applicants

The Ombudsman Office goal is to respond to a contact within two business days.

		<b>% Responded 0-2 Days</b>	<b>% Responded in 3-7 Days</b>	<b>% Responded 8 or More Days</b>
Q1/2021	566	88%	12%	0%
Q2/2021	592	89%	10%	1%
Q3/2021	644	87%	12%	1%
Q4/2021	566	87%	12%	2%
Q1/2022	524	92%	8%	0%

## 2. Organizational final response to Ombudsman requests

The KanCare Ombudsman office sends requests for review and assistance to various KanCare related organizations. The following information provides data on the **resolution rate** for organizations the Ombudsman's office requests assistance from and the amount of time it takes to resolve.

Quarter/yr. : Q1/2022					
Nbr Referrals	Referred to	% Responded 0-2 Days	% Responded 3-7 Days	% Responded 7-30 Days	% Responded 31 or More Days
49	Clearinghouse	100%	0%	0%	0%
2	DCF	50%	50%	0%	0%
1	KDADS-Behavior Health	0%	100%	0%	0%
3	KDADS-HCBS	100%	0%	0%	0%
1	KDADS-Health Occ. Cred.	100%	0%	0%	0%
17	KDHE-Eligibility	41%	24%	29%	6%
2	KDHE-Program Staff	50%	0%	50%	0%
4	KDHE-Provider Contact	100%	0%	0%	0%
3	KMAP	100%	0%	0%	0%
2	Aetna	50%	50%	0%	0%
7	Sunflower	43%	0%	29%	28%
6	UnitedHealthcare	100%	0%	0%	0%

## 3. Action Taken by KanCare Ombudsman Office to resolve requests

Action Taken Resolution Type	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
Questions/Issue Resolved (No Resources)	28	19	25	30	36
Used Contact or Resources/Issue Resolved	495	542	591	508	445
Closed (No Contact)	40	24	21	18	27
<b>ACTION TAKEN RESOLUTION TYPE TOTAL</b>	<b>563</b>	<b>585</b>	<b>637</b>	<b>556</b>	<b>508</b>

There may be multiple selections for a member/contact

Action Taken Additional Help	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
Provided Resources	260	526	585	516	446
Mailed/Email Resources	90	131	107	85	100
<b>ACTION TAKEN ADDITIONAL HELP TOTAL</b>	<b>350</b>	<b>657</b>	<b>692</b>	<b>601</b>	<b>546</b>

There may be multiple selections for a member/contact

#### 4. Ombudsman Office Resolution of Issues

The average days to close/resolve an issue has been improving over the last year.

Qtr./Year	Nmbr. Of Contacts	Avg Days To Completion	%Completed 0-2 Days	%Completed in 3-7 Days	%Completed 8 or More Days
Q1/2021	552	5	71%	16%	13%
Q2/2021	578	4	72%	16%	12%
Q3/2021	630	4	74%	15%	11%
Q4/2021	543	3	76%	14%	10%
Q1/2022	495	3	78%	13%	9%

## VIII. Enhancements

### A. Enhancement: PRTF Fact Sheet

The Psychiatric Residential Treatment Facility ([PRTF](#)) [fact sheet](#) was created in partnership with the Kansas Department for Aging and Disability Services (KDADS) Behavior Health for Children and Youth team and the KanCare Ombudsman Office.

The goal was to provide information for members, families, providers, and state agency staff regarding the PRTF process prior to entering a PRTF, during a PRTF stay, transitioning out of a PRTF and the state fair hearing process for members and providers. The document has been reviewed and received comments from stakeholders. It has been provided to the PRTF Stakeholder group and agency staff to provide to families currently using a PRTF, those on the waiting list, and those inquiring about PRTFs. The picture below is a sample of the first half of page 1 of 11 pages.

**KanCare General Information  
Fact Sheet**



## Psychiatric Residential Treatment Facility (PRTF)

### 1. What is a Psychiatric Residential Treatment Facility (PRTF)?

A PRTF is a sub-acute level of psychiatric care for children in the state of Kansas. It is not a permanent or long-term placement, but a treatment facility. A PRTF is a treatment facility in a residential setting that will provide all psychiatric services needed by the child with family/guardian involvement. PRTFs are paid a daily rate for the services.

A PRTF, which is a Kansas Medicaid billable service for Kansas based PRTFs, is not the same as a Residential Treatment Center (RTC). Kansas does not have RTCs and RTC's are not reimbursable by Medicaid.

### 2. How can parents/guardians avoid using a PRTF?

If children start receiving psychiatric services earlier in the process from the local Community Mental Health Center (CMHC) or local provider, the need for PRTF for a child may not be necessary.

## IX. Appendix A: Outreach by KanCare Ombudsman Office

This is a listing of KanCare Ombudsman Outreach to members, providers and community organizations through conferences, newsletters, social media, training events, direct outreach, and public comments sessions by the state for KanCare related issues, etc.

### A. Outreach through Education and Collaboration

Outreach includes Community events and presentations such as education, networking, and referrals.

- 1/18/22 – sent a promotional item to Amazing Aging for publication
- 1/27/22, attended the Livable Neighborhoods Monthly Meeting from 9am-10am in KC Metro area.
- 1/10: WSU CEI staff and VISTA/MSW practicum student met via Zoom with Wendi Herron, Continuum of Care Manager/Outreach at BreakThru Withdrawal Management Services at Susan B Allen Memorial Hospital
- 1/20: WSU CEI staff attended via Zoom Emporia SOAR program presentation
- 1/20: WSU CEI staff emailed with Healthier Harvey County Coalition contacts
- 1/20: WSU CEI staff emailed with Healthier Bourbon County Coalition contacts
- 1/27: WSU CEI staff attended via Zoom Sedgwick County IRIS network quarterly meeting
- 1/28: WSU CEI staff attended via Zoom Sedgwick County CDDO quarterly meeting
- 1/28: VISTA/MSW practicum student attended via Zoom monthly Veterans Coalition meeting
- 1/28: WSU CEI staff emailed with BCBS Pathways to Healthier Kansas CEI staff seeking outreach contacts
- 2/2: WSU CEI staff attended Healthier Harvey County Coalition meeting via Zoom
- 2/10: VISTA/MSW practicum student attended Healthier Lyon County Coalition meeting via Zoom
- 2/24/22: attended the Livable Neighborhoods Monthly meeting in KC Metro area.
- 2/24/22: attended the Latino Health for all meeting in KC Metro area.
- 2/16/22 Reached out to community organizations to raise our profile among providers and the community in KC Metro area.
- 2/10/2022 – Hispanic/Latino Day at the capital
- 2/16/22 – Sent staff at Disability Rights Center our resource page
- 2/16/22 – Johnson County Mental Health Center – requested information/resources to put on their website and internal newsletter.

- 3/2: VISTA/MSW practicum student attended CPAAA monthly networking meeting via Zoom.
- 3/3: WSU CEI staff emailed with organizers of Public Health New Leader Orientation conference session; subsequently, Ombudsman Office brochure and description was included in routine session materials at the 3/30/22 Orientation session of the Governor's Conference on Public Health.
- 3/4: WSU CEI staff and Johnson County Ombudsman Office staff recruited and exhibited at the WSU Social Work POWER virtual conference, directly interacting with approx. 25 people.
- 3/8/22, 3/22, and 3/29 – Attended Latino Health for All Stakeholder Meeting in the Kansas City Metro area.
- 3/8: Sunflower Senior Center, St. John, Sent link to Resources on our website.
- WSU CEI staff registered to exhibit at several upcoming conferences.
- WSU CEI staff updated [www.findhelp.org](http://www.findhelp.org).
- 3/22/22, Attended the Group B KDHE Meeting with Stakeholders
- 3/23: WSU CEI staff and VISTA/MSW practicum student joined VISTA Coordinator Angela Gaughan at the WSU Career Fair for Health Professions on WSU campus. This was both recruitment and outreach, as we connected with several providers from across Kansas.
- 3/24/22, Attended the Livable Neighborhoods meeting from 9-11:30am for Kansas City Metro area.
- 3/30-3/31 – Two staff attended the Governor's Public Health Conference in Manhattan. Also had an outreach booth. Approx. 500 people in attendance.
- 3/31: VISTA/MSW practicum student spoke about Ombudsman Office at Social Work in Criminal Justice Conference via Zoom.
- KanCare Ombudsman participated in monthly meetings (Monthly Joint MCO meeting, KanCare Long Term Care Team meeting, KanCare Complex BH Cases workgroup
- 1/4/22 – KanCare Ombudsman presented annual report to Bethell Joint Committee on HCBS and KanCare Oversight
- 3/9/22 – KanCare Ombudsman presented annual report to the KanCare Advisory Committee
- 3/16/22 – KanCare Ombudsman was invited to present the annual report to the Governor's BHS Planning Council



## B. Outreach through Print Media and Social Media

### 1. Social Media outreach

Date of post	Topic	# "reaches"	# "engagements"
1/2/2022	Calling Clearinghouse to update info	122	3
1/4/2022	National Trivia Day and naming 3 MCO's	32	0
1/5/2022	Volunteer Appreciation/Recruitment-Randy	145	13
1/5/2022	Ms. Wheelchair of Kansas	60	11
1/7/2022	Value Added Benefit	35	5
1/11/2022	MLK Day-Office Closed	51	1
1/16/2022	Happy Birthday Post for Rob	70	11
1/18/2022	Update Ms. Wheelchair	60	3
1/24/2022	Medicare Resource	41	2
1/26/2022	COVID vaccine Booster	27	1
1/28/2022	SSDI Questions Resource	645	17
1/28/2022	Happy Birthday Post for Matthew	197	111
1/29/2022	Happy Kansas Day	43	4

Date of post	Topic	# "reaches"	# "engagements"
2/1/2022	National Children's Dental Month	41	2
2/3/2022	Black History Month sharing theme	47	2
2/4/2022	Youth Mental Health	59	3
2/9/2022	Free At-Home COVID-19 Tests	55	4
2/11/2022	Black History Month Article shared	39	5
2/14/2022	Valentine's Day	53	5
2/14/2022	Encouraging social media break	37	1
2/15/2022	National Children's Dental Month	33	0
2/17/2022	Social Security Administration Resources	588	18
2/18/2022	HHS Office of Minorities Health BHM	31	2
2/23/2022	Black women with Disabilities Series	16	2
2/25/2022	Affordable Connectivity Program Spanish Version	13	1
2/25/2022	Affordable Connectivity Program English Version	137	7
2/25/2022	Reminder for Youth to Register	57	2
2/28/2022	LIEAP Program	31	0

Date of post	Topic	# "reaches"	# "engagements"
3/2/2022	Medicare Scam for Covid Tests (links to COVIDtests.gov shared)	107	10
3/3/2022	COVID Medicaid Resource Highlight (links to KanCare PHE FAQ page shared)	23	0
3/9/2022	Developmental Disability Awareness (links to CDC fact sheets shared)	711	40
3/11/2022	DD Awareness- highlight AU & IDD Waivers (links to fact sheets shared)	759	43

Date of post	Topic	# "reaches"	# "engagements"
3/11/2022	EWAP Federal Program Resource (link to DCF program shared)	645	29
3/11/2022	EWAP Federal Program Resource in Spanish (link to DCF program shared)	25	0
3/14/2022	Teen Drug & Alcohol Awareness (link shared to teens.drugabuse.gov)	19	0
3/15/2022	Filing Taxes and Medicaid (link to healthcare.gov shared)	134	3
3/17/2022	Brain Injury Awareness Month (link to BI waiver shared)	387	41
3/24/2022	Update info with Clearinghouse reminder (link to KanCare CH update form shared)	234	14
3/25/2022	Highlighting workshop by Aetna (Aetna link shared)	75	6
3/25/2022	KDADS Webinar (KDADS registration link shared)	294	18
3/30/2022	Medicare Scam Alert on new Card (links to outside agencies shared)	674	43
3/30/2022	Shared DD Awareness video	19	2
3/31/2022	Wear Blue April 1 for Child Abuse Prevention Month (no link shared)	196	11

## 2. Print Media

- January – KanCare Ombudsman Office volunteer program was listed in the RSVP January newsletter.

## X. Appendix B: Managed Care Organization (MCO) Data

### A. Aetna

<b>MEDICAID ISSUES</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>
Access to Providers (usually Medical)	0	3	1	2	1
Appeals/Fair Hearing questions/issues	0	1	0	1	1
Background Checks	0	0	0	0	0
Billing	2	4	2	6	3
Care Coordinator Issues	1	0	1	3	3
Change MCO	1	0	0	0	1
Choice Info on MCO	0	0	0	0	1
Coding Issues	0	1	0	1	0
Consumer said Notice not received	0	1	0	0	0
Cultural Competency	0	1	0	0	0
Data Requests	0	0	0	0	0
Dental	0	0	1	0	0
Division of Assets	0	0	0	0	0
Durable Medical Equipment	0	0	0	0	1
Grievances Questions/Issues	0	1	0	5	1
Help understanding mail (NOA)	0	0	0	0	0
MCO transition	0	0	0	0	1
Medicaid Application Assistance	0	0	0	1	1
Medicaid Eligibility Issues	2	2	4	1	4
Medicaid Fraud	0	0	1	0	0
Medicaid General Issues/questions	3	6	9	5	9
Medicaid info (status) update	3	2	4	6	5
Medicaid Renewal	1	1	0	0	0
Medical Card issues	0	1	3	2	1
Medicare Savings Plan Issues	1	0	0	0	2
MediKan issues	0	0	0	0	0
Moving to / from Kansas	0	1	0	0	0
Medical Services	2	6	4	0	4
Pain management issues	0	0	1	1	0
Pharmacy	0	1	2	2	0
Pregnancy issues	1	0	0	0	0
Prior authorization issues	0	2	0	1	0
Refugee/Immigration/SOBRA issues	0	0	0	0	0
Respite	0	0	0	0	0
Spend Down Issues	0	1	3	2	1
Transportation	0	2	0	1	1
Working Healthy	0	0	0	0	0
<b>MEDICAID ISSUES TOTAL</b>	<b>17</b>	<b>37</b>	<b>36</b>	<b>40</b>	<b>41</b>

<b>HCBS/LTSS ISSUES</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>
Client Obligation	2	0	0	1	0
Estate Recovery	0	0	0	0	0
HCBS Eligibility issues	0	2	2	1	3
HCBS General Issues	0	2	2	3	8
HCBS Reduction in hours of service	0	0	0	0	0
HCBS Waiting List	0	0	0	0	0
Nursing Facility Issues	1	1	1	4	0
<b>HCBS/LTSS ISSUES TOTAL</b>	<b>3</b>	<b>5</b>	<b>5</b>	<b>9</b>	<b>11</b>

**Aetna**

<b>OTHER ISSUES</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>
Abuse / neglect complaints	0	0	0	3	1
ADA Concerns	0	0	0	0	0
Adoption issues	0	1	1	0	0
Affordable Care Act Calls	0	0	0	0	0
Community Resources needed	0	0	0	0	0
Domestic Violence concerns	0	0	0	0	0
Foster Care issues	0	0	1	0	0
Guardianship	0	0	1	0	0
Homelessness	0	0	0	0	0
Housing Issues	0	0	0	1	1
Medicare related Issues	0	0	1	0	1
Social Security Issues	0	0	0	0	1
Used Interpreter	0	0	0	0	0
X-Other	5	0	1	1	0
Z Thank you	7	18	17	11	14
Z Unspecified	0	0	3	0	0
Health Homes	0	0	0	0	0
<b>OTHER ISSUES TOTAL</b>	<b>12</b>	<b>19</b>	<b>25</b>	<b>16</b>	<b>18</b>

**Aetna**

<b>PROGRAM TYPE</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>
PD	1	1	0	2	2
I/DD	0	1	0	0	0
FE	0	1	0	0	6
AUTISM	0	0	0	0	0
SED	0	0	0	0	0
TBI	0	0	1	1	1
TA	0	1	0	0	0
WH	0	0	0	0	0
MFP	0	0	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	0	0	0	0	0
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	0	0	1	1	0
FOSTER CARE	0	0	1	0	0
MEDIKAN	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	1	1	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
<b>PROGRAM TYPE TOTAL</b>	<b>2</b>	<b>5</b>	<b>3</b>	<b>4</b>	<b>9</b>
<b>PRIORITY</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>
HCBS	1	6	1	2	2
Long Term Care / MF	0	2	1	0	0
Urgent Medical Need	1	2	2	1	1
Urgent	0	3	3	2	0
Life Threatening	0	0	0	0	0
<b>PRIORITIES TOTAL</b>	<b>2</b>	<b>13</b>	<b>7</b>	<b>5</b>	<b>3</b>

## B. Sunflower

<b>MEDICAID ISSUES</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>
Access to Providers (usually Medical)	2	2	1	2	2
Appeals/Fair Hearing questions/issues	1	2	1	0	1
Background Checks	0	0	0	0	0
Billing	5	3	5	3	3
Care Coordinator Issues	0	1	0	0	0
Change MCO	0	1	0	1	0
Choice Info on MCO	0	2	0	0	0
Coding Issues	0	0	1	0	0
Consumer said Notice not received	0	0	0	0	0
Cultural Competency	0	0	0	0	0
Data Requests	0	0	1	1	0
Dental	0	0	1	2	0
Division of Assets	0	0	0	0	0
Durable Medical Equipment	0	2	2	0	1
Grievances Questions/Issues	4	2	0	1	0
Help understanding mail (NOA)	1	1	0	0	1
MCO transition	0	1	0	0	0
Medicaid Application Assistance	0	0	0	0	1
Medicaid Eligibility Issues	1	0	4	0	1
Medicaid Fraud	0	0	0	0	0
Medicaid General Issues/questions	2	6	7	2	4
Medicaid info (status) update	1	2	3	2	1
Medicaid Renewal	0	0	0	0	0
Medical Card issues	1	0	2	1	1
Medicare Savings Plan Issues	0	0	0	0	0
MediKan issues	0	0	0	0	0
Moving to / from Kansas	0	0	0	0	1
Medical Services	4	2	3	3	2
Pain management issues	0	1	0	1	0
Pharmacy	0	2	2	3	1
Pregnancy issues	0	0	0	0	0
Prior authorization issues	0	1	0	1	0
Refugee/Immigration/SOBRA issues	0	0	0	0	0
Respite	0	0	0	1	0
Spend Down Issues	1	0	0	0	0
Transportation	0	2	3	0	2
Working Healthy	0	0	0	0	0
<b>MEDICAID ISSUES TOTAL</b>	<b>23</b>	<b>33</b>	<b>36</b>	<b>24</b>	<b>22</b>

## Sunflower

<b>HCBS/LTSS ISSUES</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>
Client Obligation	1	1	0	0	0
Estate Recovery	0	0	0	0	0
HCBS Eligibility issues	3	2	3	0	1
HCBS General Issues	4	4	1	3	4
HCBS Reduction in hours of service	0	0	0	0	0
HCBS Waiting List	0	1	1	0	1
Nursing Facility Issues	2	1	0	2	2
<b>HCBS/LTSS ISSUES TOTAL</b>	<b>10</b>	<b>9</b>	<b>5</b>	<b>5</b>	<b>8</b>

<b>OTHER ISSUES</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>
Abuse / neglect complaints	0	0	0	1	2
ADA Concerns	0	0	0	0	0
Adoption issues	0	1	0	0	0
Affordable Care Act Calls	0	0	0	0	0
Community Resources needed	0	2	0	0	0
Domestic Violence concerns	0	0	0	0	0
Foster Care issues	0	0	0	0	0
Guardianship	2	1	0	0	0
Homelessness	0	0	0	0	0
Housing Issues	0	2	0	0	0
Medicare related Issues	2	1	0	1	0
Social Security Issues	1	0	0	0	0
Used Interpreter	0	0	0	0	0
X-Other	4	4	0	1	2
Z Thank you	19	17	12	6	9
Z Unspecified	1	0	1	0	0
Health Homes	0	0	0	0	0
<b>OTHER ISSUES TOTAL</b>	<b>29</b>	<b>28</b>	<b>13</b>	<b>9</b>	<b>13</b>

## Sunflower

<b>PROGRAM TYPE</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>
PD	1	1	0	0	2
I/DD	2	5	1	2	1
FE	1	2	2	1	1
AUTISM	0	0	0	0	0
SED	0	0	0	0	0
TBI	2	1	3	0	0
TA	0	0	0	1	0
WH	0	0	0	0	0
MFP	0	0	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	1	0	1	0	0
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	0	0	1	1	1
FOSTER CARE	0	0	0	0	0
MEDIKAN	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	1	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
<b>PROGRAM TYPE TOTAL</b>	<b>8</b>	<b>9</b>	<b>8</b>	<b>5</b>	<b>5</b>
<b>PRIORITY</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>
HCBS	3	4	6	3	2
Long Term Care / MF	1	3	1	0	1
Urgent Medical Need	1	5	2	2	1
Urgent	1	6	1	3	4
Life Threatening	1	1	0	0	1
<b>PRIORITIES TOTAL</b>	<b>7</b>	<b>19</b>	<b>10</b>	<b>8</b>	<b>9</b>



## C. United Healthcare

<b>MEDICAID ISSUES</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>
Access to Providers (usually Medical)	0	3	3	1	4
Appeals/Fair Hearing questions/issues	0	4	1	1	2
Background Checks	0	0	0	0	0
Billing	3	4	5	7	8
Care Coordinator Issues	0	2	1	1	2
Change MCO	0	2	0	0	2
Choice Info on MCO	0	1	0	0	1
Coding Issues	0	0	0	1	1
Consumer said Notice not received	0	0	0	0	2
Cultural Competency	0	0	0	0	0
Data Requests	0	0	1	0	0
Dental	0	2	1	1	2
Division of Assets	0	0	0	0	0
Durable Medical Equipment	1	0	3	1	1
Grievances Questions/Issues	3	3	3	2	4
Help understanding mail (NOA)	1	1	0	2	1
MCO transition	0	0	0	0	0
Medicaid Application Assistance	1	0	2	0	1
Medicaid Eligibility Issues	2	1	2	3	8
Medicaid Fraud	0	1	0	0	0
Medicaid General Issues/questions	4	9	8	6	15
Medicaid info (status) update	3	2	5	1	7
Medicaid Renewal	1	0	0	1	0
Medical Card issues	0	1	1	2	1
Medicare Savings Plan Issues	0	2	1	1	3
MediKan issues	0	0	0	0	0
Moving to / from Kansas	0	1	0	1	0
Medical Services	1	5	5	1	3
Pain management issues	0	2	1	0	1
Pharmacy	0	4	3	2	5
Pregnancy issues	0	2	0	0	0
Prior authorization issues	0	2	2	2	1
Refugee/Immigration/SOBRA issues	0	0	0	0	0
Respite	0	0	0	0	0
Spend Down Issues	1	1	0	1	2
Transportation	0	3	2	1	5
Working Healthy	0	0	0	0	1
<b>MEDICAID ISSUES TOTAL</b>	<b>21</b>	<b>58</b>	<b>50</b>	<b>39</b>	<b>83</b>

## United HealthCare

HCBS/LTSS ISSUES	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Client Obligation	0	1	1	0	0
Estate Recovery	0	0	0	0	0
HCBS Eligibility issues	2	1	2	2	2
HCBS General Issues	4	4	4	4	4
HCBS Reduction in hours of service	1	0	0	0	1
HCBS Waiting List	1	1	1	0	1
Nursing Facility Issues	1	2	4	7	2
<b>HCBS/LTSS ISSUES TOTAL</b>	<b>9</b>	<b>9</b>	<b>12</b>	<b>13</b>	<b>10</b>

OTHER ISSUES	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Abuse / neglect complaints	1	2	2	0	1
ADA Concerns	0	0	0	0	0
Adoption issues	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0
Community Resources needed	0	2	0	1	1
Domestic Violence concerns	0	0	0	0	0
Foster Care issues	0	0	1	0	1
Guardianship	0	0	0	0	0
Homelessness	0	1	0	1	0
Housing Issues	0	3	0	2	0
Medicare related Issues	1	2	0	0	4
Social Security Issues	0	0	0	2	1
Used Interpreter	0	0	0	0	0
X-Other	6	2	6	4	4
Z Thank you	8	23	25	13	17
Z Unspecified	1	0	2	0	1
Health Homes	0	0	0	0	0
<b>OTHER ISSUES TOTAL</b>	<b>17</b>	<b>35</b>	<b>36</b>	<b>23</b>	<b>30</b>

### United HealthCare

<b>PROGRAM TYPE</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>
PD	1	2	1	0	5
I/DD	1	5	1	0	1
FE	1	1	1	3	0
AUTISM	0	0	0	0	0
SED	0	0	0	1	1
TBI	0	2	1	1	1
TA	1	0	0	0	0
WH	0	0	0	0	0
MFP	0	0	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	0	1	5	2	1
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	0	1	1	5	2
FOSTER CARE	0	0	0	0	0
MEDIKAN	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	1	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
<b>PROGRAM TYPE TOTAL</b>	<b>4</b>	<b>12</b>	<b>10</b>	<b>13</b>	<b>11</b>
<b>PRIORITY</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>
HCBS	3	4	4	4	3
Long Term Care / MF	0	1	4	5	2
Urgent Medical Need	2	0	1	2	2
Urgent	2	5	6	4	2
Life Threatening	0	0	0	1	0
<b>PRIORITIES TOTAL</b>	<b>7</b>	<b>10</b>	<b>15</b>	<b>16</b>	<b>9</b>