

Home and Community Based Services
Waiver Integration Project
Public Information & Listening Session

What to Expect Today

- 2 hours, no break, feel free to get up as needed. Refreshments are available.
- KDADS and KDHE will provide a brief update about the waiver integration process
- Table Discussion
- Large Group Discussion



Alphabet Soup

- AAA: Area Agencies on Aging
- ADRC: Aging and Disability Resource
 Center
- CDDO: Community Developmental Disability Organization
- CHIP: Children's Health Insurance Plan
- CMHC: Community Mental Health Centers
- CMS: Centers for Medicare and Medicaid Services
- DSW: Direct Service Worker
- EPSDT: Early and Periodic Screening,
 Diagnosis, and Treatment

- FMS: Financial Management Services
- HCBS: Home and Community Based Services
- KDADS: Kansas Department on Aging and Disability Services
- KDHE: Kansas Department of Health and Environment
- MCO: Managed Care Organization
- MFP: Money Follows the Person
- PACE: Program for All-Inclusive Care for the Elderly
- PCA: Personal Care Assistant
- TCM: Targeted Case Management

Waiver Programs Affected

- Autism
- Frail Elderly (FE)
- Intellectual/Developmental Disability (I/DD)
- Physical Disability (PD)
- Serious Emotional Disturbance (SED)
- Technology Assisted (TA)
- Traumatic Brain Injury (TBI)





KanCare Waiver Integration Project

November 2015

KanCare Overview

History

- Kansas moved most services and supports into a program called KanCare.
- KanCare allows the state to provide all Home and Community Based Services (HCBS) through managed care.
- Currently, the HCBS programs (1915(c) waivers) operate alongside the 1115 waiver.



KanCare Services

Under KanCare, more than 400,000 Kansans get:

- Doctor visits and hospital care
- Mental health therapy
- Dental and eye care
- Medicine
- Help getting to doctor visits
- Nursing home care
- Extra (or value-added) services



HCBS Programs under 1915(c)

WAIVER	PEOPLE SERVED
Autism	People who are 0-5 with Autism Spectrum Disorder (ASD)
Frail Elderly	People who are over age 64 and frail (FE)
Intellectual and Developmental Disability	People who are 5 and older with intellectual disabilities and developmental disabilities (IDD)
Physical Disability	People who are 16-64 with physical disabilities (PD)
Serious Emotional Disturbance	People who are 4-21 with serious emotional disturbance (SED)
Technology Assisted	People 0-21 who are medically fragile and technology dependent (MFTD) ages 0-21
Traumatic Brain Injury	People who are 16-64 with traumatic brain injury (TBI)





1115 Demonstration

- All Medicaid services in State Plan
- Gives State authority to provide all services, including 1915(c) services, through managed care to all populations
- Allows State to operate seven 1915(c)/HCBS waivers alongside the 1115 demonstration

• All HCBS waiver services provided under managed care

Autism FE IDD PD

SED TA TBI

Operate alongside

Why Integrate the Waivers – Part 1

- To create parity for populations served through Home and Community Based Services (HCBS) – services should be based on a personalized plan of care and centered on an individual's needs rather than their disability
- To offer a broader array of services some individuals have disabilities that qualify them for more than one HCBS program, but they are limited to a single set of services



Why Integrate the Waivers – Part 2

- To improve moves between HCBS Programs and in transitioning from child to adult services
- To support development and expansion of community-based services
- To make things simpler for KanCare members, their families, and providers



How Will Waiver Integration Work

Full integration of seven 1915(c) waivers into the 1115 waiver

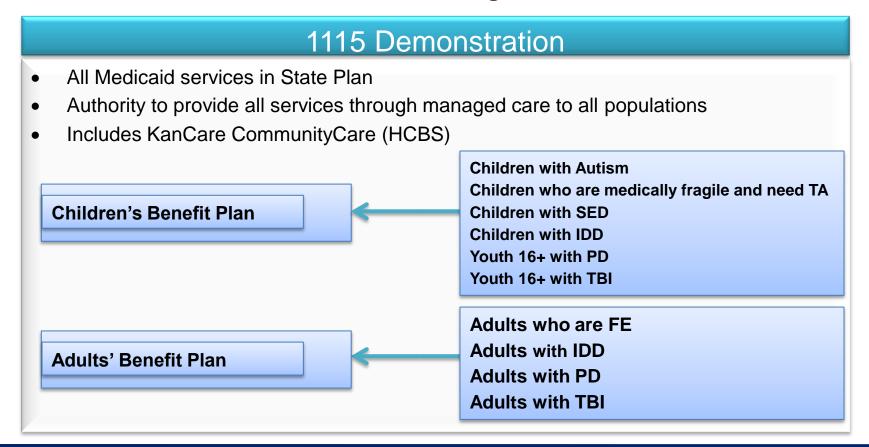
Entrance to HCBS will remain the same, but services will fall into two broader categories:

- Children's Services
- Adults' Services





(after waiver integration)

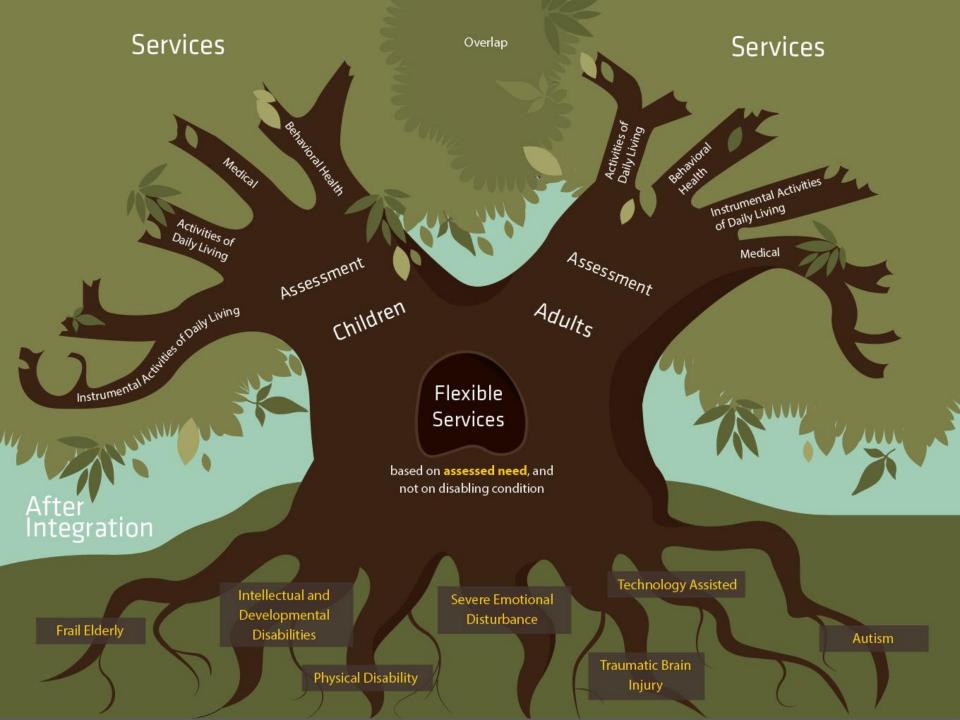


Core Features of Waiver Integration

Core Features

- Eligibility requirements and process will remain the same
- Children will continue to be entitled to all medically necessary services identified through Early Periodic Screening Diagnosis and Treatment (EPSDT)
- All members will continue to be entitled to medically necessary state plan services that are part of KanCare
- Services will be authorized through personalized plans of care





Stakeholder Input

Waiver Integration Stakeholder Engagement (WISE) Workgroup:

- Almost 100 stakeholders representing all disability groups, providers, consumers and families
- Five focus groups worked on specific areas
 - Access, eligibility and navigation
 - Service provision and limitations
 - Provider qualifications and licensing
 - Policy and regulation review
 - Education, training and communication
- Four 4-hour meetings with work in between
- Numerous recommendations



Access, Eligibility and Navigation:

- 1. Waitlists
 - Eliminate if possible
 - Cost savings should be applied to waitlist reduction
- 2. No change to pathway to eligibility
- 3. Eliminate the child and adult population service packages and combine into one
- Develop basic 1115 waiver training and deliver to interested stakeholders



Service Provision and Limitations:

- 1. Expand employment supports
- 2. Combine certain services
- 3. Establish new services



Provider Qualifications and Licensing:

- 1. Reduce administrative burdens and streamline processes for providers
- 2. Ensure qualified providers
- 3. Maintain choice for providers and participants



Policy and Regulation Review:

- Develop an Operational Council to assist with policy review and development specific to waiver integration.
- Develop a Policy Advisory Council to assist State staff in the development and revision of policy.
- 3. Develop a specific plan for communication regarding regulation and policy.
- Collaborate with stakeholders to write an integrated waiver program manual and develop policies to further operationalize aspects of the program manual.



Education, Training and Communication:

- Make sure all documents use both person-first language and plain language at the sixth grade level.
- 2. Continue to bring state staff and all stakeholders together to communicate, collaborate, and work together.
- 3. Utilize a variety of mediums to provide training and education.
- 4. Require provider training on integrated waiver before providers are allowed to provide waiver services.



How Can You Help Us With Waiver Integration?

- Ask questions
- Share what you've heard today with others
- Print information from the website to share with people who don't have internet access
- Provide us feedback through comments on the draft amendment once it is posted
- Watch for more information and details



Next Steps

- Use recommendations, stakeholder input and MCO help to develop adult's and children's benefit plans
- Work with actuaries to develop service reimbursement rates
- Draft the 1115 demonstration amendment
- Post the draft amendment for public comment
- Review comments
- Officially submit amendment to CMS for a January 1, 2017 implementation



Discussion Questions

 What sounds promising to you about the updates and recommendations you've heard?

 What would you like the State to keep in mind as it moves forward?

 What additional questions or comments do you have?

More Resources

Information about KanCare:

www.kancare.ks.gov

Information about waiver integration:

http://www.kancare.ks.gov/section_1115_waiver.htm

OR

www.kdads.ks.gov

To provide feedback, email:

hcbs-ks@kdads.ks.gov



Thank you for coming!

Upcoming Meetings:

Thursday, Nov. 12 @ 1:30 p.m. and 5:30 p.m.

Wichita - Airport Doubletree by Hilton & Kansas City - Hilton Garden Inn

Monday, Nov. 16 @ 1:30 p.m. and 5:30 p.m.

Hays - Fort Hays State Memorial Union & Pittsburg - Holiday Inn Express

Informational Conference Calls:

Friday, Nov. 13 @ 12:00 p.m. OR Tuesday, Nov. 17 @ 5:30 p.m.

Dial: 1-866-620-7326

Enter Code: 527-268-5242

