

KDHE Responses to Requests from Joint Committee on HCBS/KanCare Oversight

08.22.17

KDHE herewith submits responses to pending requests for information from Committee members:

1. Director Randol stated he would report to Kansas Legislative Research Department staff the plan and cost of providing an acknowledgment response for individuals submitting paper applications for Medicaid services.

Response:

High level task for addressing potential implementation of a process for acknowledging receipt of applications.

- Locate appropriate facility to house new staff - current clearinghouse location is at capacity;
- Estimated that 5 new FTE would need to be hired to perform the functions of acknowledging receipt of all documentation;
- Develop process for tracking all incoming documentation and ensuring acknowledgement has been provided;
- Manual process - performing mail merge activities, folding letters and placing in envelopes for mailing.

Projected costs - (Annual)

- Facilities - \$ 59,228
- Labor - \$166,629
- Equipment - \$ 16,123
- Postage - \$ 22,688

Total: \$ 264,668

2. A Committee member requested Director Randol provide information explaining why nursing home application eligibility time is prolonged in recent months as the application has not changed.

Response:

Transfer of Elderly and Disabled Medical from DCF to KDHE

The transition was done as a big bang from DCF to KDHE which did not allow for a phasing in of cases and learning curve. DCF staff stopped processing cases prior to the transition to avoid having items "in flight" and unresolved prior to the transfer.

KEES was implemented 6 months prior to the transition of major medical programs from DCF to KDHE. Staff were learning a new and complicated eligibility system. There were daily process changes, fixes and updates to workarounds as staff were getting accustomed to the new system.

Processing Challenges:

Locating documentation prior to January 2016 required additional steps as DCF maintained their medical case documentation in their One Note System along with paper files.

Centralized Processing of Medical cases allows for standardization of processes and consistent application of policy. Consumers and stakeholders may be required to provide information they have not had to produce in the past.

External influences:

There are situations when an applicant is making an effort to obtain information requested by the Clearinghouse however they are running into problems.

For example, the applicant has contacted the insurance company multiple times to obtain a statement on their life insurance policy and the company is not being expeditious with return of information. In these situations, instead of denying the case we grant an extension to submit the information which lengthen the processing timeline.

When adult protective services are involved, we cannot approve or deny the case until a finding is established by DCF. The finding determines our next steps. If the case is unsubstantiated fiduciary abuse, we must ask the applicant to attempt to get the money back. If the case is substantiated fiduciary abuse, we will proceed with processing the case.

SSA determinations and PMD process: while we have a presumptive disability determination process in place, we are dependent on external entities to provide the necessary information for our staff to proceed with the determination: ex: medical records and functional assessments.