



Quality Management Strategy KDHE Public Input Response

June 2018

Introduction

The Kansas Department of Health & Environment (KDHE), in partnership with the Kansas Department for Aging and Disability Services (KDADS), is revising its QMS in accordance with the Code of Federal Regulations (CFR) at 42 CFR 438.340. KDHE and KDADS maintain the authority and responsibility for updating and annual evaluation of the QMS and ensuring that it is updated as needed based on performance, feedback from stakeholders, and/or changes in policy resulting from legislative, State, or Federal authorities. The State will use this analysis as one of our many tools in our toolkit to evaluate the effectiveness of the QMS on improving the performance of our managed care partners and improving the quality of care our KanCare members receive.

The KanCare QMS outlines the PM and PI strategies to maximize health outcomes and the quality of life for all members to achieve the highest level of dignity, independence, and choice through the delivery of holistic person-centered and coordinated care and promote employment and independent living supports.

The goals of the KanCare QMS are to:

- Improve the delivery of holistic, integrated, person-centered, and culturally appropriate care to all members.
- Improve member experience and quality of life.
- Improve provider experience and network relationships.
- Increase access to and availability of services.
- Increase the use of evidence-based practices for members with BH

In addition to input from MCOs and evaluation by the EQRO, the State will continue to seek participant, stakeholder, and public input into the review and evaluation of the QMS on an ongoing basis. This is achieved through the KanCare Medical Care Advisory Committee (MCAC), the KanCare LTSS Advisory Committee, as well as member and provider satisfaction surveys, member grievances and appeals, and public forums for the KanCare program. The QMS was posted for a 30-day period (May 23, 2018 – June 22, 2018) to receive public input that will then be incorporated into the QMS and evaluated by the Quality Improvement Initiative Task Force (QII-TF). Responses to be considered are as follows:

QMS Level of Detail

There were twenty-three (23) questions/comments regarding the level of detail included in response to the KanCare Quality Management Strategy.

<i>General Questions/Comments Summary</i>	State Response
There were twenty-three (9) questions/comments about the level of detail, (9) about performance measures for specific populations, (1) related to application of best practices, and (4) about a QMS budget and timeline.	The QMS is designed to achieve a set of future goals which includes care coordination and LTSS populations to drive and improve performance of the KanCare 1115 demonstration. Existing performance measures for specific populations and quality monitoring of the MCOs are in place by way of waiver assurances and KDHE/KDADS quality monitoring processes. The QMS is built upon lessons learned in KanCare and QMS models including but not limited to Delaware, Nevada and Virginia. Additional detail will be developed during the implementation phase of the QMS. As a component of KanCare, the QMS does not have a separate budget.

Comments

1. There is little detail in the KanCare Quality Management Strategy (QMS).
2. We have reported these gaps in program services, the need for personal, local assistance and have continually asked for performance measures specific to older adults whether they receive HCBS services or live in a nursing home. However, the QMS proposal does not offer any insight that these issues will be improved.
3. The proposal...is very broad and doesn't build on the current structure or reflect a study by the State of best practices adopted in other states.
4. Care coordination is not a metric of success under KanCare and yet it is not addressed for improvement under the QMS proposal.
5. The proposed Quality Management Integrated Model broadly outlines mostly internal workgroups with little information about the staff that will be needed to accomplish these tasks.
6. The plan should include a detailed, operational overview, a budget, a timeline, and include specific performance measures developed in cooperation with

program participants, stakeholders, advocates and providers.

7. Why not have specific LTSS goals. LTSS are not medically driven and should have a way of measuring progress and success outside of a medical model.
8. The proposal also lacks a budget and timeline for implementation.
9. While the QMS proposal references some of these points, it lacks sufficient detail necessary to determine how these goals will be achieved.
10. There must be a recognition of the strengths and weaknesses in each area.
11. We don't have baseline data for these goals. The QMS proposal doesn't address how these goals will be measured, through what methods or what amount of improvement or increase will be considered for the goal to be met.
12. The QMS proposal does not address improvements to stakeholder engagement.
13. The Quality Management Integrated Model as outlined on pages 6-9 is a very high level overview. More detailed information is needed regarding how agencies will staff these new committees and task forces and the plan for communication and collaboration between State agencies, stakeholders, providers and policy makers.
14. While we appreciate making cross-agency communication and collaboration a priority, the proposed QMS doesn't provide detail as to how these improvements will be achieved.
15. The QMS plan should include a detailed, operational overview, a budget, a timeline, and include specific performance measures developed in cooperation with program participants, stakeholders, advocates and providers.
16. The current proposal lacks sufficient detail as to how these improvements will be made, what methods will be utilized, a budget, operational responsibilities, and a timeline.
17. An effective Quality Management Strategy must provide strong State oversight to ensure that consumers receive the services that people need. Home and community based supports and services must be as high a priority as medical services.
18. The proposal also lacks a budget and timeline for implementation.
19. While the QMS proposal does reference some of these, it lacks details necessary to determine how the goals will be achieved.
20. The current proposal is vague as to how these improvements will be made and what methods will be utilized. HCBS supports and services must be as high a priority as medical model services.

- 21. *(Extracted)* recommends clarifying within the objective as to whether this is referring to increasing survey response rates, improving results, or both.
- 22. *(Extracted)* recommends further clarifying the intent of this objective (identifying services, increasing access to services, identifying alcohol and drug abuse disorders and the need for services?).
- 23. *(Extracted)* recommends further clarifying what is meant by improving mental health utilization. i.e., the right level of care at the right time in the least restrictive setting.

QMS concerns specific to measurement

There were four (4) questions/comments regarding network adequacy included in response to the KanCare Quality Management Strategy.

<i>General Questions/Comments Summary</i>	State Response
There were four (4) questions/comments about specific measures and measurement methodologies.	The State will consider suggestions for measurement methodologies and specific measures during implementation of the QMS. The QMS does not represent all KDHE/KDADS systems for monitoring KanCare but rather represents the goals to drive performance improvement of the entire KanCare program.

Comments

1. Do the LTSS and Institutional track the same things in the same way. Do Institutions complete AIRS if not, the comparisons may not be valid.
2. It is important to identify performance measures for long term supports and services as well as medical metrics to assess KanCare.
3. Timely and reliable data of both medical providers and LTSS providers is critical to assuring KanCare consumers can access the care they need. This should be addressed by the QMS.
4. The QMS appears to propose continued tracking of only basic demographic information such as age, race, ethnicity, gender, primary language and disability status.

KanCare concerns specific to eligibility

There were two (2) eligibility-specific questions/comments included in response to the KanCare Quality Management Strategy.

<i>General Questions/Comments Summary</i>	State Response
There were two (2) questions/comments about eligibility.	The KanCare Clearinghouse manages eligibility and is operated by a separate contract distinct from KanCare. The KanCare contracts are specific to the provision of Medicaid managed care through privatized managed care organizations.
Comments	
<ol style="list-style-type: none"> 1. The barriers to eligibility all deter and discourage people to apply, ultimately compromising elders health, safety and quality of life. 2. KanCare 2.0 does nothing to address the eligibility backlog or provide an alternative to persons who need hospice care while their application is held up at the Clearinghouse. 	

KanCare concerns specific to network adequacy.

There were four (4) questions/comments regarding network adequacy included in response to the KanCare Quality Management Strategy.

<i>General Questions/Comments Summary</i>	State Response
There were four (4) questions/comments about eligibility.	Network adequacy is a key component of the QMS, however, the strategy does not include a high level of detail about specific action planning. The implementation phase will serve as an opportunity

	to refine and execute improvement activities specific to network adequacy.
Comments	
<ol style="list-style-type: none"> 1. The QMS does not address the need for assessing the adequacy of LTSS providers nor does it deal with workforce issues such as the availability of nurses and other home care providers. 2. No mention of capacity issues with LTSS. 3. Consumers and providers have raised on-going concerns about the weakening KanCare provider network, particularly for home and community based services (HCBS). 4. Consumers and providers have raised on-going concerns about the lack of providers accepting Medicaid, or taking on new patients even if they do accept Medicaid. 	

QMS recommendations of a communications plan

There were two (2) questions/comments regarding network adequacy included in response to the KanCare Quality Management Strategy.

<i>General Questions/Comments Summary</i>	State Response
There were two (2) questions/comments suggesting inclusion of a communication plan.	The State concurs and appreciates suggestions to incorporate a communications plan to ensure all stakeholders are involved and informed in activities critical to operationalizing and managing the quality strategy.

Comments

1. We believe more should be done to develop a broad-based, inclusive and consistent process for engaging stakeholders and that a detailed communications plan should be included in the KanCare 2.0 plan going forward.
2. A communications plan specifically detailing responsibilities and timelines also should be included. That is key to improving both internal and external

communications.

Stakeholder requests and feedback

There were seven (7) questions/comments including one request for additional information comments related to stakeholder feedback in response to the KanCare Quality Management Strategy.

General Questions/Comments Summary

There were seven (7) questions/comments recommending stakeholder feedback concerns and suggestions.

State Response

Public input received during KanCare public meetings was reviewed to address concerns within the QMS and utilized as a tool for obtaining stakeholder feedback. A formal public comment period is not required for development of the QMS, however, KDHE posted the strategy in an effort to demonstrate transparency and revise the strategy based on stakeholder feedback. The process for incorporating feedback is included in the introduction and tables of this document. Stakeholder input references in the QMS are included as future opportunities for inclusion in performance improvement activities and implementation efforts.

Comments

1. Stakeholders continue to be excluded in the discussions around the QMS and were not asked for suggestions on improvements. The State did not notice stakeholders of the posting of the document online or the opening of the public comment period.
2. The State did not seek stakeholder input into the development of the QMS prior to its May 23 posting on the website. The opening of the public comment period was not publicly noticed.

3. Website notification is not effective for the persons who receive services under the HCBS waivers, many of whom do not have access to computers or transportation to public sites for internet access.
4. We ask that the State involve stakeholders (providers, advocates, consumers and families) in developing an engagement process that supports two-way communication and inclusive involvement.
5. The proposal states that KDHE and KDADS “will hold additional forums with our stakeholder groups to discuss the revised QMS and seek their input.” These forums were not held prior to the closing of the public comment period on June 22.
6. Website notification is not effective for the persons who receive services under HCBS waivers, many of whom do not have access to a computer or transportation to public sites for internet access.
7. MCO will collaborate with the State and providers to adopt and disseminate clinical practice guidelines such as those outlined

KanCare concerns not specific to the QMS

There were six (6) questions/comments regarding KanCare concerns not specific to the KanCare Quality Management Strategy.

<i>General Questions/Comments Summary</i>	State Response
There were six (6) questions/comments related to KanCare.	A link to the current quality strategy was provided upon request. The KanCare Advisory Council will continue. Eligibility issues continue to be addressed through a separate contract.

Comments

1. Where can I find online the Quality Management Strategy that KanCare is currently operating under? I have the proposal that is open for public comment, but I’d like to compare it to the current one.
2. The reasons why fewer older Kansans are being served is central to any evaluation of KanCare’s effectiveness before moving forward.
3. What is the state doing to improve the data problems from previous years.
4. The proposal states it will leverage the current stakeholder process, including the KanCare Advisory Committee, for revised quality management, but the KanCare Advisory Council is not included in the

Quality Management Integrated Model. Will the Council continue?

5. KanCare continues to struggle with an ineffective and inefficient eligibility process, unreliable data, poor internal and external communications and minimal opportunities for stakeholder engagement. It is important that the Quality Management Strategy for KanCare 2.0 address these program weaknesses.
6. KanCare continues to struggle with eligibility processes, unreliable data and communications. It is important that the Quality Management Strategy for KanCare 2.0 address these program weaknesses.