



**KanCare 1115 Waiver
Public Hearing**



1115 Waiver Public Hearing

Wichita State University Community Engagement Institute

- **Welcome**
- **Who we are**
- **Why we are here**



WICHITA STATE
UNIVERSITY
COMMUNITY ENGAGEMENT
INSTITUTE

Meeting Logistics

- Please put cell phones on silent
- Restrooms
- Refreshments
- Feel free to ask questions and offer comments
- Email questions or comments to KanCareRenewal@ks.gov
- See WSU staff if you have questions or need help writing your comments
- If KDHE asks for your contact information so they can follow up with you directly, please give it to WSU Staff

Meeting Objectives

- To make sure KanCare members and stakeholders are aware of the administrative change to the KanCare 1115 Waiver.
- To make sure members and stakeholders understand why the State is making the change.
- To hear public input on the State of Kansas five-year Medicaid 1115 demonstration waiver renewal application to the Centers for Medicare & Medicaid Services (CMS).

Agenda

- Welcome
- KDHE:
 - Overview of administrative change to 1115 Waiver
 - Medicaid basics
 - Options considered
 - Outcomes of administrative change
 - 1115 Waiver Public Tour Feedback
- Questions



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KDHE and KDADS Welcome



**What is the
proposed
change?**

No Changes to KanCare Beneficiaries

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- **No Changes** to KanCare, the State of Kansas Medicaid program.
 - **No Changes** to the three managed care organizations (MCOs) who coordinate health care for all people enrolled in KanCare.
 - **No Changes** to KanCare coverage, eligibility rules, benefits and services provided through the MCOs.

Administrative Change

- KanCare is now an established program.
- The State needs to submit an application to renew the current 1115 Waiver by December 31, 2022.
- The State anticipates making a change to the 1115 Waiver as it will better serve the Medicaid program.
- This administrative change keeps our Medicaid program the same but gives Kansas more freedom to invest in Medicaid in the future.

Medicaid Basics



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Medicaid Basics



Public insurance coverage for low-income families and individuals



It is jointly funded by the federal government and the state



Each state operates its own Medicaid program within federal guidelines

States need permission from CMS before changing the Medicaid program.

Authority

Medicaid State Plan

- Main agreement between a state and the federal government for running the Medicaid program.
- Ensures a state will follow federal regulations concerning federal Medicaid reimbursement.
- Ensures people receive the benefits required under Medicaid, as well as optional programs.

1915 (c) Waiver

- “Waives” some regular Medicaid rules.
- States can tailor services to meet the needs of a targeted group of individuals.
- Allows a state to change some Medicaid rules to deliver home and community-based services.

Authority

1115 Research and Demonstration Waiver

- Used for pilot and demonstration projects.
- A flexible way for states to pilot new things to help people covered by Medicaid.
- Allows states to require managed care enrollment.
- “Waives” some regular Medicaid rules.

1915 (b) Waiver

- Allows states to provide certain services to specific populations.
- “Waives” some regular Medicaid rules.
- Allows states to require managed care enrollment.



**How did we
decide to make
the KanCare
Waiver
Administrative
Change?**

Present Day: KanCare 1115 Waiver

- Since 2013, KanCare has operated under an umbrella Section 1115 Demonstration Waiver. Section 1115 waivers are used for pilot programs.
- This 1115 Waiver permitted Kansas to explore the expansion of the managed care option.
- The 1115 Waiver guides the relationship between the State and CMS. It sets limits (caps) on federal dollars and includes significant administrative requirements for the state.

The waiver is not tied to MCO contracts. The State can shift to a new authority without having to amend MCO contracts.

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Renewal Considerations: KanCare 1115 Waiver

Challenges



Places Kansas at risk for every dollar spent above CMS-set spending caps. Any spending in excess of those caps must be paid with state general funds.



Spending caps hinder state investment in Medicaid innovation.



1115 Waivers come with heavy administrative requirements, including evaluations to test the hypothesis of the waiver.



Benefits



Provides flexibility to waive requirements that normally apply to Medicaid programs.



Allows pilot programs like the current STEPS supported employment pilot program.



Great option when no other section of federal law authorizes the type of project the state wishes to pursue.

With few exceptions, Kansas no longer needs 1115 Waiver authority to operate KanCare in its current form.

Options Considered: KanCare 1115 Waiver

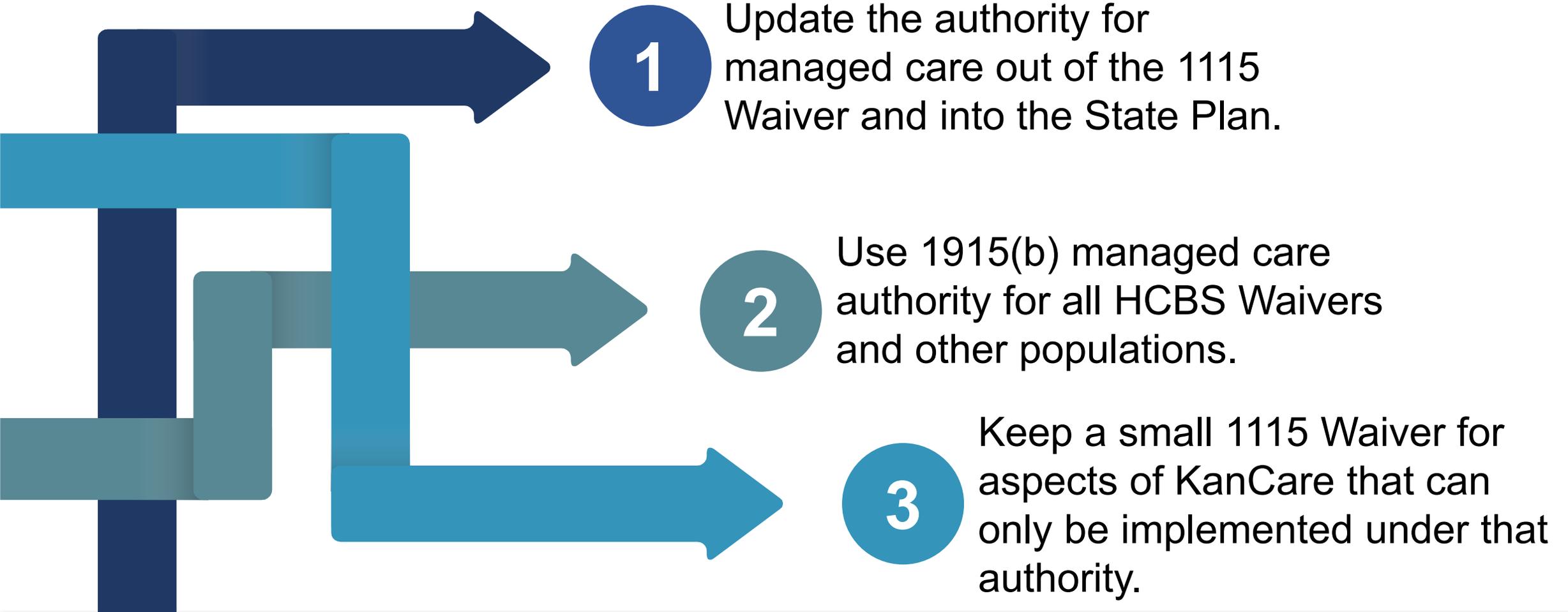
Renew current 1115 Waiver as is:

- CMS would set new budget neutrality spending caps based on historical spending data. These spending caps would stay the same throughout the entire 5 years of the waiver.
- Kansas has little ability to negotiate these caps.

Shift to other sources of Federal authority:

- Shifting managed care to the state plan authority would better represent the program.
- Shifting to different authorities can reduce the states administrative burden and minimize the risk of having to pay back CMS if Kansas overspends its 1115 Waiver.

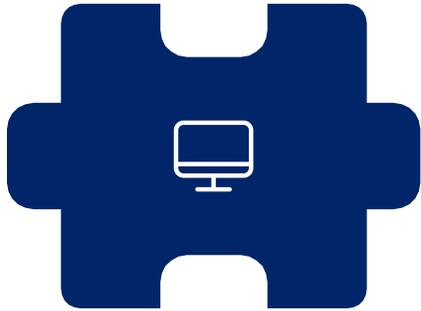
The 1115 Waiver Administrative Change



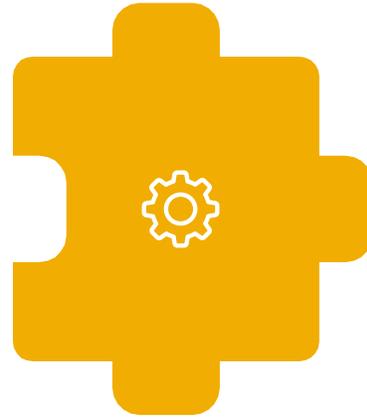
**What does this
administrative
change mean for
you?**



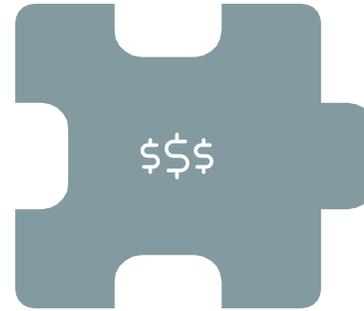
Outcomes of Administrative Change



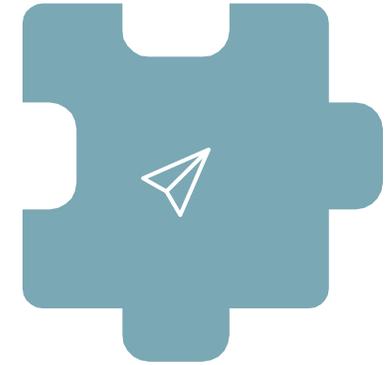
No changes to KanCare services and eligibility rules



Encourages stability and access to care



Allows Kansas to make strategic investments in KanCare



Allows the state to implement new programs on our own timeline

1115 Waiver Public Tour Feedback





1115 Waiver Public Tour Overview

Public meetings were held to ensure KanCare stakeholders were informed of the 1115 Waiver administrative change and understood the context around the change. Multiple meetings held across the state allowed KDHE and KDADS staff to listen to stakeholder thoughts on the proposed change and to hear their ideas for the future.

The presentation mirrored what was shared with you today with the addition of small group discussions. Small groups were asked to provide feedback on four questions:

- What does KanCare currently do well?
- What are the challenges KanCare should focus on addressing?
- What aspects of KanCare do you think are essential to daily quality of life?
- What service/program/etc. if added, will improve quality of life for KanCare members?

There were requests for more details on which programs will remain in the 1115 waiver. A short document was created, shared with you all today, to outline detailed shifts of authorities.

Managed Care: General feedback on the use of Managed Care in Kansas Medicaid.

- There is no intention of discontinuing managed care in Kansas at this time.

Access to Care: Follow up questions on how this change encourage access to care.

- Allows for investments by the legislature to be used without concerns about budget neutrality.
- Kansas wants to be in a position to make changes or invest new state dollars without having to overspend our budget neutrality caps.

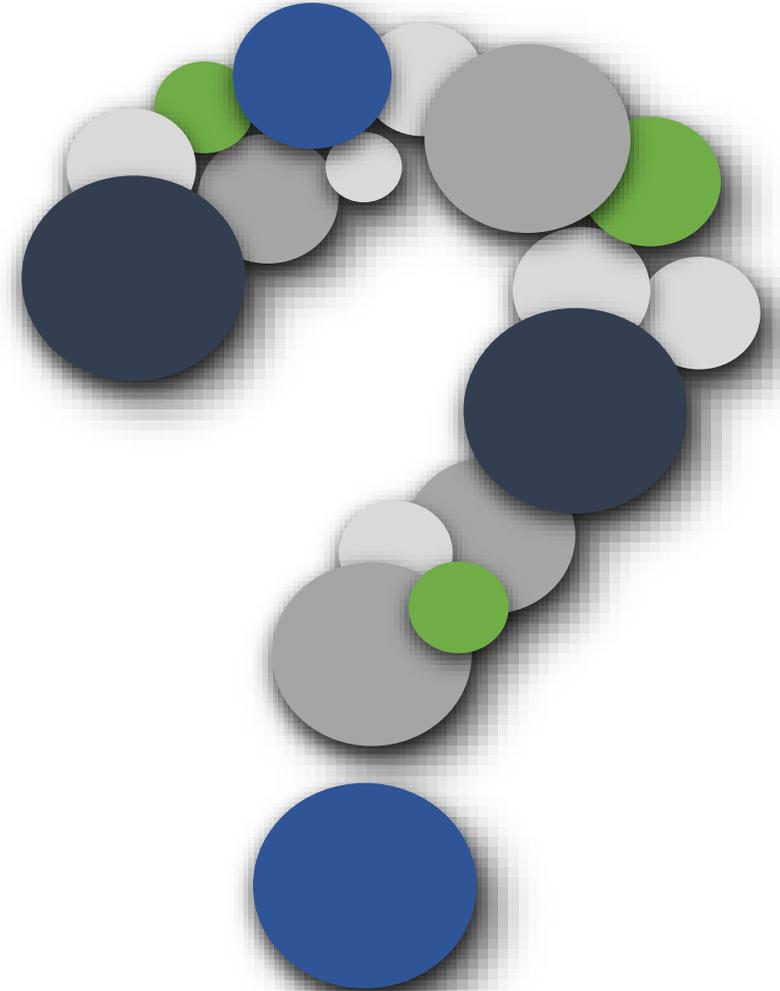
Future Pilots: Questions on adding to the 1115 waiver if needed for IDD modernization, in particular to future pilots.

- This change does not impact opportunities to add the 1115 in the future.

Rates: Questions regarding provider payment rates and related calculation rates.

- Nothing will be impacted by the administrative change. This would take a barrier away from raising rates, if directed or authorized by CMS or the state legislature.

Are there any questions on the proposed administrative change?





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Questions and Feedback

Email: KanCareRenewal@ks.gov

Website: kancare.ks.gov





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Thank you!
