**Kansas Commission on Disability Concerns**

February 8, 2013

10:00 a.m. - Noon p.m.

Conference Call

**Attendees:** Grady Landrum, Jaclyn Anderson, Pat Terick, Anthony Fadale, Connie Wold, Heather Smith, Bob Cantin, Brian Ellefson, Kathy Brennon, Paul Meals, Craig Kaberline, Steve Miller, Tina DeLaRosa (for Kyle Williams-Dept. of Labor), Anne Marie Hughey, Sharon Spratt, George Beard, Tessa Goupil, Ranita Wilks, Wendy Pickell, and Rick Shellenbarger

**Guest Speakers**: James Bart, Dr. Susan Mosier

**Guests**: Carla Beinhoff, Teresa Beaudry, Marina Hernandez (Families Together)

**Staff:** Kerrie Bacon, Martha Gabehart

**Welcome**– Landrum

November Minutes will be approved at the May meeting.

**Introductions with updates of local activities**

* Brain Ellefson – meetings for the 2013 Disability Mentoring Day (DMD) has started. The Whole Person has moved into their new building; open house is 2/28. Their Kansas office has closed in Prairie Village, but they will open another Kansas office.
* Dr. Steve Miller – Multiple Sclerosis (MS) Society in Kansas – working to amend Disability Access Tax Credit.
* Pat Terick – Cerebral Palsy Research Foundation (CPRF) is trying to getting businesses certified for Kansas Bidder Preference Program. Explained the program.
* Anne Marie Hughey – no report
* Anthony Fadale – House Bill (HB) 2193 was introduced in the legislature to align standards with Title II and III of ADA. It’s a language update. A hearing scheduled for 2/15 in House Fed and State Affairs committee. Federal Dept. on Transportation put out a definition of wheelchair. Here is the link <http://www.fta.dot.gov/12325_15055.html>.
* Sharon Spratt – Legislative concerns: Reimbursement rates increase on Intellectual/Developmental Disabilities (I/DD) Waivers. The DD community wants the governor to carve out the DD Home and Community Based Services (HCBS) waiver from KanCare permanently.
* Bob Cantin – Membership on Olathe Advisory Council on People with Disabilities has expanded to 14. City council adopted universal design for city code. Working on this year’s Downtown Arts Festival; looking for artists. He was recently appointed to the Whole Person Board.
* George Beard – no report
* Connie Wold – no report
* Jaclyn Anderson – no report
* Heather Smith– Children and Youth with Special Health Care Needs in the Kansas Department of Health and Environment (KDHE) will have an Interim Director soon.
* Kathy Brennon – no report
* Paul Meals – Butler County Community College is working with Kansas Rehabilitation Services to start development of a Project Search.
* Craig Kaberline – Kansas Department for Aging and Disability Services (KDADS) is working in implementation of Aging and Disability Resource Centers (ADRCs) and KanCare startup.
* Tina De la Rosa – filling in for Kyle Williams, no report
* Tessa Goupil – no report
* Ranita Wilks – Youth Employment Program has been funded by United Way for another year. One youth started at HyVee this week. Independence Inc. has started conversations with City and Baker U about employing some of their youth.
* Wendy Pickell – no report
* Grady – The Sedgwick County Advisory Board is working with River Festival to improve accessibility standardization. He reviewed plans for accessibility at the new airport.

**Approval of the November, 2012 Minutes** – Staff did not get the minutes out to commissioners, so they will be on the May 17 meeting agenda.

**Public Comments:** There were no public comments

**James Bart** – KanCare Ombudsman shared about his work since he started.

**25% Membership questions**

These involve auto assignment, receipt of membership information and changing primary care physicians on ID cards.

**20% Eligibility**

These involve status of Department of Children and Families (DCF) determinations, notification of changes in eligibility and how to make changes to addresses and “authorized representatives” with DCF and forwarding that information to the Plans.

**20% Pharmacy and Transportation**

Issues include difficulties in filling prescriptions and authorizations for durable medical equipment.  Also, there have been questions concerning scheduling of transportation and reimbursement for mileage for medical appointments.

**20% Billing**

Providers have expressed difficulty in submitting claims and checking status of payment.   Questions about “coding” of targeted case management claims and plans of care for billing of financial management services.

**10% Status of Network**

Concerns with notifications from providers that they will not contract with certain plans and that the consumer must switch to continue services. There have been questions about status of contracts and credentialing of providers.

**5% Other Miscellaneous**

During early January the primary concerns involved receipt of membership materials and questions about eligibility and choice of plans.  During the second week the focus shifted to pharmacy and transportation claims and change of plans and primary care physicians.  During the third week I received more provider billing inquiries and questions about the status of the provider networks.  Finally, during the past week, the focus has been about long term services and supports and assignment of Managed Care Organizations (MCO) care coordinators.

I have reported on the activity of my office on a weekly basis during the “rapid response” Friday calls.  The KanCare website has an Ombudsman webpage devoted to providing information to consumers and providers.  I have also provided testimony twice during January to the legislature.  As of January 19th, I had received 152 inquiries composed of 80 calls and 72 E-mails.  I have resolved over 90% of the inquiries and I am developing a database to accurately track and report on the number and types of inquiries.  This will also be posted to the KanCare website and reported to Center for Medicare and Medicaid Services (CMS.)

Overall, consumers and providers have expressed their appreciation for having an Ombudsman to assist in resolving issues on a case by case basis.  I will contact each person that has been in contact me during January and request that they confirm resolution of their issue and their satisfaction with my assistance.  I will report these results along with a monthly summary of the most prevalent concerns.

**Here is his contact information: James Bart**

KanCare Ombudsman

Kansas Department for Aging and Disability Services

503 S Kansas Ave

Topeka, KS 66603-3404

Phone: 785-296-6270

Toll-Free: 855-643-8180

Fax: 785-296-0256

E-Mail: james.bart@kdads.ks.gov or kancare.ombudsman@kdads.ks.gov

Visit our website: [www.kancare.ks.gov](http://www.kancare.ks.gov/)

**KanCare Update** – Dr. Susan Mosier shared her presentation on KanCare. See handout. She said she would send information on subscribing to their list serve for the bi-weekly KanCare Advisor newsletter. Here is the information: The link below will take you to the list of KDHE news groups and the KanCare Advisor is the first one in the list. To subscribe, first click on “KANCARE ADVISOR” and then click on the “Subscribe or Unsubscribe” link on the right-hand side of the page. This will bring up a page allowing you to enter your name and email address.  The subscription type defaults to “regular”.  You can click on “Subscription Type” to read about the differences between regular and digest subscriptions.  Then click on “Subscribe (KANCAREADVISOR)” to complete the process. <http://listserv.kdheks.gov/wa.exe?INDEX>

**Kerrie Bacon**, Employment Liaison, shared her report. See handout.

**Martha Gabehart**, Executive Director, shared her report. See handout.

**Additional Announcements** after presentations:

* Rick Shellenbarger – Local Emergency Planning Committee (LEPC) will be submitting a grant for videos. In Valley Center they approached Mennonite Housing to build low income accessible housing. They have 120 units for both low income seniors and people with disabilities. The Mennonite Housing website is <http://www.mhrsi.org>. Also, they are applying for a Hazardous Materials Emergency Planning grant information they will be submitting on behalf of all 19 counties in the south central Homeland Security region. The grant will produce a number of videos for first responders, public officials, and the general public covering sheltering and evacuation, knowing your surroundings, chemical reporting and planning, multi-agency coordination, and more.  This is expected to affect everyone and shown in digital format so it can be provided in meetings, presentations, or viewable on-line.  All of their agencies and organizations that would be impacted by the accidental or intentional release of hazardous materials will participate in the production of these videos.  A similar grant funded project is being handled through the Sedgwick County health department to help on the medical and health side.  It is Rick’s intent to ensure people with disabilities are also represented in both grants.  If you have any questions please let Rick know. A pdf copy of the draft grant application is available from the KCDC office.
* Steve Miller - MS Society has concerns about accessible housing; there is low income housing of various qualities. It’s a really big task, but accessible housing is a big deficit.

Next meeting May 17, 2013; 10:00 am to 3:00 pm

Anthony Fadale moved and Steve Miller seconded to adjourn the meeting. Meeting adjourned.

Respectfully submitted,

Martha K. Gabehart

Dr. Mosier’s Handout

**Slide 1**

**KanCare Update for the Commission on Disability Concerns**

Susan Mosier, MD, MBA, FACS

February 8, 2013

**Slide 2**

**Overview of Medicaid and CHIP**

Medicaid and the State Children’s Health Insurance Program (CHIP)

* Are joint programs between state and federal government
* Are major payers in our health care system
* Are tailored by each state to meet the needs of the vulnerable population of the state
* Are growing

**Slide 3**

**Overview of Medicaid Nationally**

Medicaid:

* Created in 1965 through an amendment to the Social Security Act
* Provides coverage for a broad range of health care services
* Serves children, pregnant women, the frail elderly, physically disabled individuals and individuals with intellectual or developmental disabilities
* Nationally Medicaid state and federal expenditures in FY 2010 were over $400 billion

**Slide 4**

**Overview of CHIP Nationally**

Children’s Health Insurance Program (CHIP):

* Created in 1997, reauthorized in 2009
* Provides coverage for health care services
* Serves children in families who have too much income to qualify for Medicaid
* Nationally, CHIP state and federal expenditures in FY 2010 were $11 billion

**Slide 5**

**Issues in Kansas Medicaid**

* Long-run trends in Medicaid are driven by widespread increases in enrollment and spending per person.
* It is not-just the economy-Kansas is in the midst of a sustained period of accelerated growth as baby boomers reach age of acquired disability

**Slide 6**

**Sustained Medicaid Growth**

This chart shows that the average annual rate of growth in enrollment since 2000 has been 4.6% and the average annual rate of growth in expenditures since 2000 has been 7.4%.

**Slide 7**

**Growth by Population**

This chart shows that growth in Medicaid has occurred across almost all populations covered by Medicaid, including aged individuals, individuals with disabilities, children and families.

**Slide 6**

**Medicaid Components**

This chart demonstrates that our high cost areas cut across almost all populations and across most services.

**Slide 9**

**The Crowd-Out Effect**

This graph shows that growth in Medicaid expenditures above the rate of growth of tax revenues may decrease funding for other state-funded services if the current growth rate continues unabated.

**Slide 10**

**Implementing the Solution:**

**KanCare**

**Slide 11**

**Whole Person-Centered Care Coordination**

* No reduction in current levels of Medicaid services and reimbursements.
* New services include:
	+ Heart and lung transplants for adults
	+ Weight-loss surgery
	+ Valued-added services
* Health Homes
* Options counseling
* Safeguards for provider reimbursement and quality

**Slide 12**

**Clear Accountability**

* Firm protections with a strong emphasis on data and outcomes.
* Each contractor is required to:
	+ Maintain a Health Information System (HIS)
	+ Report data to State of Kansas and Centers for Medicare and Medicaid Services (CMS)
	+ Submit to an External Quality Review (EQR)
* Performance benchmarks
* KanCare Advisory Council

**Slide 13**

**Improving Outcomes**

One of the main focuses of the contracts with managed care companies.

* Lessening reliance on institutional care
* Decreasing re-hospitalization
* Managing chronic conditions
* Improving access to health services

**Slide 14**

**Financing Consolidation**

* Move almost the entirety of Medicaid into a capitated risk-based management system
	+ Coordinate each individual’s care among providers
	+ Decrease repeated hospitalizations
	+ Better manage chronic conditions
	+ Lessen reliance on institutional settings
* KanCare contractors will be rewarded for paying for preventive care that keeps people healthy

**Slide 15**

**1115 Waiver**

* Move nearly all Medicaid populations into managed care
* Cover nearly all Medicaid services through managed care, including long-term services and supports
* Establish safety net care pools for hospitals

**Slide 16**

**Protections**

* Assignment algorithm
* CONTINUIITY OF CARE
* 90 day choice period

**Slide 17**

**Home & Community Based Services (HCBS)**

High percentage of seniors living in nursing homes

Transition from institutional care toward services in individuals’ homes and communities

MCOs have both the risk and responsibility for ensuring that individuals are receiving services in the most appropriate setting

Outcome measures will include lessening reliance on institutional care where appropriate.

**Slide 18**

**More Protections**

* Education opportunities for beneficiaries and providers
* Stakeholder engagement
* MCO accountability to the state
* Ongoing completion of functional assessments
* Continuation of plans of care
* State oversight of plans of care
* Ride-alongs with state staff

**Slide 19**

**And More Protections**

* Rights of grievance and appeals
* Right to a State Fair Hearing
* KanCare Consumer Ombudsman
* Eligibility is determined by the State or contractors for the State, not by the MCOs
* Quality assessment and performance improvement
* I/DD waiver services delay and pilots
* Front-end billing (FEB) solution
* Inclusion of current 1915(c) waiver structures and protections

**Slide 20**

**Consumer Voice**

* MCOs are required to:
	+ Create member advisory committee to receive regular feedback
	+ Have a member advocates to assist other members who have complaints or grievances
	+ Include stakeholders on the required Quality Assessment and Performance Improvement Committee

**Slide 21**

**Pay for Performance (P4P)**

* The State will withhold three to five % of the total payments to MCOs until certain quality thresholds are met.
	+ Quality thresholds will increase each year to encourage continuous quality improvement.
* There will be six operational outcome measures in the first contract year, and 15 quality of care measures in years two and three.

**Slide 22**

**Pay for Performance (P4P)**

* The measures chosen for the P4P program will allow the State to place new emphasis on key areas:
	+ Employment rates for individuals with disabilities
	+ Person-centered care in nursing facilities
	+ Resources to facilitate staying in the community or home via the use of community-based care and services where appropriate

**Slide 23**

**Claims Payment Options**

* While a large portion of Kansas Medicaid and CHIP are already provided through managed care, there are large groups of providers accustomed to fee-for-service Medicaid only
* Front-End Billing Solution

Slide 24

**Pharmacy Benefit Managers**

* KanCare Managed Care Organizations (MCOs) and their Pharmacy Benefit Managers (PBMs):
	+ Amerigroup CVS/Caremark
	+ Sunflower U.S. Script
	+ United OptumRX

**Slide 25**

**Pharmacy**

* The state has one Preferred Drug List (PDL) that all MCOs are required to follow
* The State has a centralized Pharmacy provider website that will serve as a hub for links to each MCOs information/forms/etc.
* MCOs have agreed to the state’s dispensing fee of $3.40 per claim

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**Provider Networks**

The State received a new set of Geo Access Provider network reports from each of the MCOs on January 10th.

Summaries and detail information is available on the KanCare website, www.kancare.ks.gov, on the Readiness Activities page under Policies and Reports.

Next report will be posted in mid-February.

**Slide 27**

Questions?

Employment Liaison’s Report

1. Disability Mentoring Day
* There are four DMD training events planned for January and February. The topics are:
	+ Corporate Funders
	+ Starting a DMD Committee
	+ How to start a year round mentoring program
	+ DMD outreach to Chambers of Commerce.
* At this point we have 17 communities that are tentatively committed to having a DMD event. The most recent one which is VERY exciting is Wichita. The Wichita Rotary, working with the Wichita BLN, has tentatively agreed to organize the Disability Mentoring Day for Wichita in October 2013.
* Salina had an introductory meeting with community leaders and is planning on starting up DMD again in 2013.
* Franklin and Miami Counties have agreed to have introductory meetings with community leaders to hear more about DMD and see if there is an interest in starting an event there.
* The goal this year is to have 25 DMD events across Kansas.
* Provided the final Michael Lechner Award to the Beloit DMD Committee in January. They had over 20 people in attendance including the school superintendent, special education director, students that participated in Disability Mentoring Day, Voc Rehab Counselors, Pawnee Mental Health, OCCK, several employers, and other committee members. It was a very impressive group and they were very excited and appreciative of receiving the award.
* There are four Conference Call DMD Trainings planned for January and February
	1. Tuesday, January 29, 10:30-11:15 am, Conference Call, "Corporate Sponsors: Getting, Keeping and Utilizing them to the fullest extent" - Billy Thompson, Local Coordinator at Pratt, KS for six years.
	2. Tuesday, February 12, 10:30 - 11:30 am, Conference Call; "How to start a Disability Mentoring Day event" - Kerrie Bacon, State DMD Coordinator for eleven years.
	3. Tuesday, February 26, 10:30 - 11:15 am, Conference Call; "Starting a year round mentoring program from a DMD program" - Ranita Wilks, Local Coordinator at Lawrence, KS for eleven years.
	4. Chamber of Commerce, Tina Cunningham of Cherryvale, President of Cherryvale Chamber of Commerce and Chair of DMD Committee for 3 years. Date TBD.
	+ The conference call in number is 1-866-620-7326. The participant code is: 570 873 1829.
1. Employment 1st Commission
* The Commission finished its annual report and provided it to the Governor and Legislature. 2013 Goals and Objectives, Annual Report, and dates for the 2013 Employment First meetings are all on the website at: [www.ksemploymentfirst.org](http://www.ksemploymentfirst.org).
1. The Kansas Sheriff’s Association has set aside a two hour time slot during their 2013 Fall Conference for a national speaker from the Department of Justice to talk about the ADA. I have contacted Sally Conway, U.S. Department of Justice, Deputy Chief, to see if she is available. We are also going to try to put an article in their magazine “Kansas Sherriff” on the ADA and law enforcement for the Spring edition.

Director’s Report

February 8, 2013 Commission Meeting

1. The draft of the marketing flyer for the business incentives passed last year is under discussion.
2. The KCDC annual report was completed.
3. The legislative welcome packet was sent to legislators when the session began. I included a letter about KCDC, the annual report, legislative initiatives and our website information cards.
4. I participated in the last Health Care Workforce Partnership (HCWP) meeting to close out the grant. This grant was to investigate why Kansas has too few primary care professionals and plan for increasing those numbers. Investigation showed that many of the doctoral students were taking advantage of the loan forgiveness program by working in rural communities, but them moving either to the metropolitan areas of Kansas or out of state. Those primary care nurses graduating also were either staying in the areas where the nursing school is or moving out of state. A website for doctors and nurses to check for job openings and hospitals and cities to search for candidates to interview was established. Also a toolkit for rural communities to use when searching for primary care professionals was posted and distributed to hospitals, safety net clinics and primary care facilities across the state. One other problem is that all of our schools are at capacity for teaching medical professionals. The new KU School of Medicine in Salina is just getting up and running, so that will increase the number of primary care physicians and nurses available.

1. The employer incentive brochure is almost completed. This was our tax incentive brochure, but because the state tax credits were eliminated last year, we decided to change the name and include the employment incentives passed during the 2012 session.
2. I participated in the Assistive Technology for Kansans project in December. No big news except that KATCO’s budget was being reviewed for exorbitant administrative costs.
3. Kerrie and I had heard that the number of benefits specialists was going to be reduced, so we contacted Sec. Gilmore about the need to maintain them. She let us know that Health and Environment were taking over those positions and that the plans were to fill the vacancies. Kari Bruffett confirmed that is the plan.
4. Kerrie and I met Greg Burden, Executive Director of the Commission for Veterans Affairs
5. I participated in the National Public Health Performance Standards Program development of the Kansas scorecard with regard to public health. It was an interesting process and I learned a lot about the current public health programs in Kansas.
6. I researched the possibility of having a disability owned business certificate. Kerrie and I met with the Minority and Women Owned Business staff in Dept. of Commerce about whether or not that was possible and of benefit. We found that several disability owned businesses are already certified as minority or women owned business, but that leaves out white males. Additional staff would be required as well as funding for travel, etc. The US Business Leadership Network (BLN) has a national certification that is recognized by many large corporations and banks. These businesses have made it a priority to buy supplies and services from businesses owned by people with disabilities, women and minorities.
7. Legislative activities include:
	1. Legislative Welcome Packet compiled and distributed
	2. Distribution of the weekly legislative updates
	3. Researching the Death with Dignity Act