

Shawnee County CDDO
Affiliate Meeting
Dec. 9, 2013

Present: Shanna Mooney, Dream Catchers; Laura Marple, TARC; Dave Skinner, Monaco & Associates; Reggi Greco, Equi-Venture Farms; Frankie Holloway, Equi-Venture Farm; Chuck Mahoney, Easter Seals Capper Foundation; Tracey Herman, TARC; Mary Ann Hughes, Sunflower Supports; Eileen Doran, TARC; Olga Hennessey, TARC.

CALLERS: Tandy Kimbrough, Sheltered Living; Janice Duran, Enabled Hearth; Debra Caleb, Caleb's Care.

I. CDDO Updates:

- November Affiliate Report Overview
 - 1083 individuals receiving services (750 adults, 333 children) in Shawnee County.
 - There were 3 individuals determined eligible; 3 determined ineligible; 0 ported in funding and 1 that ported out of Shawnee County.
 - There were 7 crisis requests reviewed by the funding committee; 2 were approved; 5 were denied and 0 pending.
 - 13 individuals have been crisis approved during FY2014.
 - There are 59 individuals who have not chosen a case manager; 35 Medicaid eligible and 24 Non-Medicaid eligible.
 - Individuals changing service providers included: 6 - day services (includes multiple providers); 5 - residential services; 0 - case management; and 10 - FMS Provider.
 - There were 659 POC's reviewed for the month. Of the POCs reviewed for in home supports, 50% was over allocation and 50% at allocation.

- Ramona stated that as of Jan. 1, 2014 with Kan Care implementation, the CDDO would no longer be responsible for approving POCs when persons are receiving an I/DD waiver service. The POC information may no longer be reflected on the Affiliate Report although other information may be added.
- Ramona stated that Shawnee County CDDO received the amended FY 2014 contract with KDADS.
- It was asked if the CDDO would still be reviewing crisis requests. Yes, if someone is new and requesting to access services, the process will remain the same. The crisis request will be reviewed by the CDDO funding committee and a recommendation sent to the KDADS I/DD Program Managers. If it is someone already receiving at least one I/DD waiver service, the CDDO will review the request and make their recommendation and the MCO will determine if the person's needs are currently being met. Ramona stated that the MCOs will ask if all community resources have been exhausted. This is already part of the crisis

- request process and outlined in Appendix E of the contract. TCMs will continue to submit crisis requests to the CDDO and should inform the MCO care coordinator of the request.
- It was asked if the CDDO would continue to review extraordinary funding requests. Yes, this process remains the same for now. The CDDO will submit their recommendations to KDADS and the MCO.
 - KDADS is to send out workflow charts and updated KDADS policies.
 - Ramona suggested when someone is crisis approved that providers make sure that a plan of care has been authorized by the MCO before they begin providing services to an individual. POCs are approved by the MCO not the CDDO. If there are any reductions to services the POC is to be reviewed by KDADS. The care coordinator and TCM will generate the integrated service plan (POC). It was asked how providers will know when a POC is approved. Providers should get a copy from the MCO or I/DD case manager.
 - Beginning January 1st when screeners complete the DDP assessment it is entered into the Kansas Assessment Management & Information System (KAMIS) in real time and a tier will be assigned immediately.
 - I/DD Program Bulletin Updates outline changes and procedures. There is also a “Lunch and Learn Calls” beginning today and will be every Monday and Friday at 11:00am. (See flier for details)
 - TCMs statewide have been attending training sponsored by KDADS regarding uploading documentation such as PCSPs, IEPs and behavioral support plans into KAMIS.
 - Adverse Incident Reporting – providers still need to submit critical incidents reports in the CDDO web-based system (BCI) per Affiliation Agreement. If this process changes in the upcoming months, the CDDO will notify case managers and affiliated providers. KDADS may develop a program on KAMIS so CDDOs may access the adverse incident reports submitted in their CDDO area. KAMIS training begins this week and the CDDO has five people attending. It was stated that you are registered into KAMIS per user not agency. It was asked how they would know if someone has left an agency. It is expected that the agencies will report when the person is no longer employed.
 - It was asked if KAMIS was the same as BASIS or if it had been changed. KAMIS is the state system that is being used for all waivers and I/DD will also be incorporated. There will be changes from the current BASIS procedures with the implementation of KAMIS. It was reported during the today’s meeting that MCOs are doing their own assessments which will determine support need. MCOs may reimburse providers more than a tier if justified. They cannot reimburse less per agreement with the State for continuity of care.
 - It was stated that the I/DD will have a 2-year contract (until 2015) as I/DD was carved out for the first year. Eileen explained it was a three-year contract and since I/DD was carved out the first year there are only two years remaining. Each provider will also have their individual contract with MCOs that set the term agreement. The standard contract is set at the current reimbursement rate that

the state has provided. If you have signed the contract and you have a two-year contract it is whatever the provisions are in what will determine how to terminate a contract with the MCO.

- It was asked who would be helping persons served with their re-application for Medicaid as it has been said by KDADS that it is not a billable TCM activity. It was stated during the TCM training the State is now adhering to a very strict interpretation of KMAP for billable activities. Ramona stated that KDADS is to get additional clarification from CMS regarding the role of the care coordinator vs. the I/DD case manager. Once the workflow charts are distributed it will be very helpful. All providers are encouraged to read them as it will show the process for extraordinary funding and plan of care approval as well as the role of the CDDO vs. the MCO.
- The transition process remains the same when someone is no longer eligible for their current waiver and transitions to the I/DD waiver. When a person is transitioning from an institutional setting, the CDDO and MCO are to keep each other informed. The MCOs will only inform individuals of the choice of providers that are contracted with them; the CDDO is required per regulation to be sure that the individual is aware of all affiliated providers that are available. Also remember once the MCO has been chosen an individual has to wait until the next year to change MCOs. The process for individuals transitioning from one I/DD service provider to another could be revised in the upcoming months.
- What happens if they want to change providers with short notice? Ramona stated the MCO care coordinator will need to be involved. The CDDO plans to upload a copy of the POC when it is received from the MCO. Providers need to follow each MCO guidelines.
- There is a continuity of care service provision (90-180 days) which means that whether or not a provider has a signed contract they are to receive reimbursement for services provided. Billing through the MCO portal is recommended as they MCO states that they can reimburse in a timelier manner.
- Who is contacted if a consumer is injured? Contact both the case manager and care coordinator.
- Ramona stated that the CDDO staff and case managers had been working very diligently to get all the day service unit changes completed by the Dec. 15, 2013 deadline. It was asked who to contact if the day service units are not correct on a POC. Ramona stated that when someone receives services from multiple day providers it is to be written in the PCSP so that document may be referred to if needed. Anytime an individual has multiple day providers each provider must have designated monthly units. Ramona stated that if a case manager didn't designate monthly units per providers, the CDDO may refer to the PCSP. It was commented that there are some individuals that will have up to 12 POCs when there are multiple day providers.
- After Jan. 1, 2014 providers will have to call the case manager or the MCO care coordinator if POC concerns and the CDDO will assist as possible.

- KDADS are approving POCs within 10 days excluding weekends and State holidays. It was asked who to contact if a POC is not approved within 10 days. It was suggested to contact KDADS community services staff.
- It was asked where Center for Medicare/Medicaid Services fit in. CMS approves and authorize the I/DD waiver. CMS is still open for public comments regarding the inclusion into KanCare prior to giving their approval.
- It was asked if a provider is having difficulties with a MCO who should they call? KDADS should be contacted and it is advised to contact the KanCare Ombudsman James Bart if the person is in jeopardy of losing services due to claims not getting paid.
- There is a new blanket denial from KDHE and on the flier states to watch for updates. Go to KDADS website, click on Facts about ID/DD KanCare and scroll down to the bulletin. This is where they are post times and updates.
- CDDO will update their policies and procedures as soon as KDADS release theirs.
- It was asked what happens if the care coordinator and the case manager don't agree. It is not known. KDADS is to be outlining what the appeal process when with an MCO vs. CDDO.
- CDDOs will continue to be responsible for the I/DD eligibility, waiver eligibility, state aid funding and quality oversight.
- It was asked if there is anticipated delay in reimbursement. It was stated that providers should anticipate delays per the article that ran in the newspaper regarding reimbursement to the hospitals.
- The CDDO will be adding a line to the Affiliated Provider list indicating which MCO providers are contracted with to assist the person making a choice.
- Ramona stated one of the larger case management agencies is not taking referrals at this time and another agency will not be providing case management services after Jan. 1, 2014. The CDDO will continue to monitor the status of TCM agencies accepting referrals.
- It was stated to remember that there is a KanCare oversight committee at the legislative level to contact with your concerns.
- It was stated there have been a significant number of client obligation changes as of Jan. 1, 2014.

IV. Agency Announcements:

- The CDDO will be making some shifts in job responsibilities. Rachel Munoz, Community Support Associate resignation effective December 13, 2013 and Ramona Macek, CDDO Director's resignation effective January 3, 2014.
- The CDDO/KDAD contract has been renewed until July 1, 2014.
- Kim Brown is no longer employed at KDHE.

V. Upcoming training opportunities

- Dec. 12th – CDDO Quarterly Training , 8:30-4

Next meeting is scheduled February 10, 2014