

I/DD Program Bulletin



Lunch and Learn Calls for **consumers, advocates** and other **stakeholders** are every Wednesday at 12:00 p.m.

Email questions to:

kancare.ombudsman@kdads.ks.gov

Effective with this edition, the I/DD Program Bulletin will be distributed once every two weeks. The next edition will be distributed on April 25th.

Lunch and Learn Calls for **providers** will be held once per week, on Monday's beginning in April, from 11:00 a.m. to 12:00 p.m.

Email questions to:

providerforum@kdads.ks.gov

Bulletin Update for April 11, 2014

- + Provider Bulletin Change
- + Requesting Additional Services List (RASL)
- + Billing and Claims
 - Plan of Care Issue
 - NPI Number Issue & How to Obtain an NPI
- + April HCBS Informational Meetings
 - Changes in Federal Rules
- + Weekly Calls – Provider Forum, Lunch and Learn, CDDO, and TCM calls
- + Nonsupplementation of HCBS Services
- + Person Capable Language
- + KDADS Staff to do “Ride Alongs” With MCO Staff
- + FAQ Response From MCOs – Authorizations after 3/31/14

Provider Bulletin Change: Effective with this edition, the Provider Bulletin will no longer be produced weekly, instead we will provide an updated version every two weeks. The next Bulletin will be distributed on Friday, April 25th.

Requesting Additional Services List (RASL): Over 1,000 individuals have returned the Request for Additional Services Confirmation Form to KDADS. Over the next few weeks, KDADS staff will be contacting CDDOs and TCMs to identify updated contact information for those who have not responded to the letter. The letter and form for HCBS-IDD participants on the Request for Additional Services List can be found at: http://www.kdads.ks.gov/CSP/IDD/KanCare_Imp/2014_01_31_RASL_Consumer_Letter_Form.pdf.

All individuals on the RASL will be assessed during the first 180 days of the integration of IDD long-term supports and services into KanCare. MCOs and TCMs will work together to identify an individual's assessed needs and develop an Integrated Service Plan to meet those needs. If additional services are not approved by the MCO, a request for review will be sent to KDADS to make a determination.

Billing and Claims:

Below you will find a billing/payment update from Tuesday's KKMARs. The data is through 04/06/14. Please let me know if you have questions.

All of the current information below is current for February 1, 2014 to April 6, 2014

- A total of \$45,033,840 has been billed for HCBS/IDD, and a total of \$40,665,674 has been paid.
- A total of \$1,285,030 has been billed for IDD/TCM, and a total of \$1,176,433 has been paid.

| HCBS/IDD | Total |
|------------------------------------|--------------|
| HCBS/IDD Billed Amount | \$45,033,840 |
| HCBS/IDD Amount in Process/Pending | \$3,997,547 |
| HCBS/IDD Amount Paid | \$40,665,674 |
| HCBS/IDD Amount Denied | \$1,283,120 |

| TCM/IDD | Total |
|------------------------------------|-------------|
| HCBS/IDD Billed Amount | \$1,285,030 |
| HCBS/IDD Amount in Process/Pending | \$135,536 |
| HCBS/IDD Amount Paid | \$1,176,433 |
| HCBS/IDD Amount Denied | \$15,285 |

Below are the most recent turnaround times:

| HCBS/IDD | State Average* |
|--------------------------------------|----------------|
| HCBS/IDD Average Days Age Clean | 5.7 |
| HCBS/IDD Average Days Age All Claims | 5.7 |

| TCM/IDD | State Average* |
|--------------------------------------|----------------|
| HCBS/IDD Average Days Age Clean | 5.6 |
| HCBS/IDD Average Days Age All Claims | 5.6 |

*This is a weighted average based on the portion of MCO claims.

- Denial Reasons:** The top three denial reason are for duplicate claims, error in billing related to procedure codes and NPI issues, and Third Party Liability requirements. Overall denials remain low with less than 10% of claims pending processing and less than 3% of claims denied for duplicate claims, error in billing related to things such as error in procedure code or NPI, and Third Party Liability. Some of these claims have been reprocessed after the claim was corrected. For issues related to billing, please contact the MCO Provider Representative to assist you. A copy of the MCO Provider Billing Guidelines are available at: http://www.aging.ks.gov/HCBSProvider/HCBS_Provider_Index.html
- Plan of Care Issue:** Please notify Sandra Andrews (Sandra.Andrews@kdads.ks.gov) and Laura Leistra (Laura.Leistra@kdads.ks.gov) if you have any outstanding Plan of Care issues related to dates of service prior to February 1, 2014. Sandy Chatham is out of the office for the next two weeks and will not be available to assist with plan of care related concerns. Concerns related to plan of care authorizations on or after February 1, 2014, should be submitted to the appropriate MCO for assistance.

✚ **NPI:** If you did not previously have an NPI listed with KMAP but have an NPI now, please contact KMAP Provider Enrollment by email or mail to update your NPI information in KMAP.

- KMAP Provider Enrollment email: loc-ksxix-provider-enrollment@external.groups.hp.com
- KMAP Provider Enrollment mailing address:

**Provider enrollment
PO Box 3571
Topeka, KS 66601**

If you do not have or would like to obtain a National Provider Identifier (NPI), please follow the instructions at: <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand/apply.html>

If you have questions or need assistance, please call the KMAP provider line at 1-800-933-6593.

Contact: Call 1-800-465-3203 or TTY 1-800-692-2326 or email customerservice@npinumerator.com

KDADS Schedules April Informational Meetings: KDADS has scheduled additional HCBS informational meetings for the month of April. Seating is limited at each site and registration will be required through the KDADS website and the sessions are open to all HCBS Providers. All meetings will be from 9:00 am – 3:00 pm (persons will be on their own for lunch). **Please register for the HCBS informational meetings at:**

http://www.aging.ks.gov/Registrations/All_Trainings_Index.html

This all day informational session will provide information on Quality Assurance and Licensing as well as the Upcoming changes in the Department of Labor and HCBS Final Rules and HCBS Policies and Programs. The agenda will be available shortly.

Dates and Locations for meetings are as follows (and locations may be subject to change):

| | | | |
|-----------------|---|-----------------|--|
| April 21 | Colby DCF Building 1135 S. Country Club Road Colby, KS <i>25 seats available</i> | April 25 | Pittsburg DCF office Sunflower Conference Room 320 S Broadway Pittsburg, KS <i>60 seats available</i> |
| April 22 | SDSI Offices 1808 Palace Drive Suite B Garden City, KS <i>50 seats available</i> | April 28 | Kansas City Health Department Auditorium 619 Ann Avenue Kansas City, KS <i>90 seats available</i> |
| April 23 | Salina DCF Office 901 Westchester Salina, KS <i>75 seats available</i> | April 29 | TARC 2701 SW Randolph Ave Topeka, KS <i>50 seats available</i> |
| April 24 | Wichita Independent Living Resource Center 3033 W 2 nd St. Wichita, KS <i>80 seats available</i> | | |

Regular Stakeholder Calls

✚ The monthly **HCBS Provider Forum** is on **Tuesday, April 15th** from 10:00 to 11:00 am. The discussion will focus on information about the [HCBS Settings Final Rule](#) and the development of the Transition Plan for submission to CMS.

Register Here: https://webapps.aging.ks.gov/pls/apex_p18/f?p=1060:50:3543006716742607

Questions for the HCBS Provider Forum can be sent to ProviderForum@kdads.ks.gov

Lunch and Learn Calls

Registration for the calls is required (and must be completed by the day prior to the call). It can be completed at: http://www.kdads.ks.gov/CSP/IDD/KanCare_Imp/IDD_Implementation_Calendar.html

 **Call in Number: 1.866.620.7326**

 **Conference Code: 4283583031**

Providers: Beginning on April 7th, calls for Providers will be held once per week on Monday's. We will have the Monday call on March 31st and then the next call will be on Monday, April 7th. We will discontinue Friday calls at this time. Callers may continue to submit questions to PROVIDERFORUM@kdads.ks.gov. If you experience difficulty registering for the Lunch and Learn calls you may also register by sending your name in an email to providerforum@kdads.ks.gov.

Consumers and Other Stakeholders: Last week it was announced that the Consumer Lunch and Learn calls would become bi-monthly calls held every other week starting April 16, 2014. Additionally, this call will be opened up to all HCBS Consumers as a forum for self-advocates, families, guardians, and friends of aging and disabled individuals to ask questions of the KanCare Ombudsman and learn about different programs and changes.

- Callers may submit questions to kancare.ombudsman@kdads.ks.gov
- If an HCBS Program Participant has problems registering for the Lunch and Learn call, they could email the KanCare Ombudsman at kancare.ombudsman@kdads.ks.gov.

 **Calls with CDDOs:** The next CDDO call is scheduled at 11:00 am on Thursday, April 17, 2014. The MCOs will participate in the first hour of the call. CDDOs should call 1.866.620.7326 conference code 4283583031.

 **Calls with Targeted Case Managers:** TCM calls are held on Tuesday's from 3:00 pm to 4:00 pm. TCMs should call 1.866.620.7326 conference 2850442124. This call will be moving to biweekly. Due to the Informational Sessions at the end of the month, the date of the monthly calls will be:

- Tuesday, April 15th from 3:00 to 4:00 pm – Health Homes Q&A with Becky Ross (ross@kdheks.gov)
- Tuesday, May 6th from 3:00 to 4:00 pm – HCBS Settings Final Rule
- Tuesday, May 20th from 3:00 to 4:00 pm – Department of Labor Companionship Final Rule

Nonsupplementation of HCBS services: Recently during a provider forum the question was asked whether a person who is self-directing his/her supports or the guardian, parent or other representative could pay an attendant care provider an additional amount to increase the attendant's hourly rates. The answer is no and is covered under Kansas Statute. Below is the language;

Nonsupplementation of HCBS Services:

- (a) An organization, agency, family, consumer, or other individual shall not be allowed to pay for services that are on the plan of care. (*Note: this includes paying a work for additional hours or additional money for hours worked*)
- (b) A consumer may accept the following:
 - 1) Any available service that is provided free and voluntarily by one or more organizations, agencies, families, or other individuals, at no cost to the Medicaid program; and
 - 2) any available, desired services in addition to those services on the plan of care that are purchased by the consumer or one or more organizations, agencies, families, or other individuals, at no cost to the Medicaid program.

Person Capable Language: During the first 180 days of the implementation of KanCare for persons on the HCBS I/DD waiver, all participants will have the needs assessed by the MCO. For persons requesting and receiving attendant care services through either the self-directed or agency-directed model, there are specific limitations that apply. One of those is what is commonly referred to as the "Capable Person" language.

-  The expectation is that waiver participants who need assistance with IADL tasks should rely on informal/natural supporters for this assistance unless there are extenuating circumstances that have been documented in the PCSP.

For example, when the PCSP defines the role of the direct support worker as a person who is teaching the beneficiary how to perform a skill.

- ✚ In accordance with this expectation, neither Supportive Home Care nor Personal Assistant Services should be used for lawn care, snow removal, shopping, ordinary housekeeping (as this is a task that can be completed in conjunction with the housekeeping/laundry done by the individual with whom the beneficiary lives), and meal preparation (during the times when the person with whom the beneficiary lives would normally prepare the meal) unless there are extenuating circumstances that have been documented in the PCSP.

KDADS Staff to do “Ride-A-Longs” with MCO Staff: During the first 180 days of the implementation of the HCBS IDD Program into KanCare, all participants will be meeting with their care coordinator from their chosen MCO. During this time, there may also be a Quality Management Staff person from KDADS present.

- ✚ As a part of the agreement between KDADS and the Centers for Medicare and Medicaid, the State agreed to do “Ride Alongs” as a part of the State’s oversight responsibilities for the implementation of KanCare. The “Ride Alongs” also occurred for persons on the FE, PD, TBI, Autism and TA waivers last year during the first months of implementation for those waivers. Persons have questions regarding the “Ride-A-Long” may contact Susan Fout at Susan.Fout@kdads.ks.gov

MCO Responses to FAQ’s: KDADS requested of each MCO to provide the steps for providers to follow so they will know if there is an authorization on file for a person whose Plan of Care was extended by KDADS to 3/31/14 but the Integrated Service Plan has not yet been completed. Their responses also include how to verify authorization are in place so claims are not denied.

- ✚ **Amerigroup Response:** Amerigroup has extended all authorizations for in home supports in Authenticare. For those waiver services not provided through Authenticare and billed directly to Amerigroup, providers can continue to bill those as we are currently in the COC (continuity of care) period. Following the Universal Assessment and the creation of the Integrated Service Plan, the Amerigroup Service Coordinator will create the authorizations for services. Authorizations will be sent to each service provider identified on the Integrated Service Plan (ISP) for the service they are approved to deliver. If you are experience an issue with a claim denying, please reach out to our provider representative, Nina Kidd, at nina.kidd@amerigroup.com.

- ✚ **Sunflower Response:** The provider can access their authorizations for services through our provider web portal. To request information about authorizations for a particular Member, the provider may contact the Care Coordinator for that Member. To relay a concern about multiple missing authorizations, the provider may contact Provider Services at 877-644-4623, or may contact our I/DD Provider Rep., Alana Dotson, at the same number and ext. 44815.

- Sunflower is sending providers a letter of authorization for any new services approved for a Member, but did not send letters for services that were approved prior to 2/1/2014.

- ✚ **United Health Care Response:** The MCO will make no adverse determination for any IDD member that transitioned 2/1/2014. This means the State approved POC remains in effect.

- If a member has been approved to **access new services or for increased services** the provider should receive a faxed authorization and a separate ISP (faxed, emailed or mailed based on the preference indicated in contract).
- **Non-EVV services** will not deny through 7/31/2014. Within that timeframe all IDD members will be assessed and their authorizations extended.
- **EVV authorizations** are being extended through 7/31/2014 for members. Within that timeframe all IDD members will be assessed and their authorizations extended.
 - If a provider feels an EVV authorization is not viewable in Authenticare or is not correct, they should connect with their Provider Advocate. The Provider Advocate will share this information with the health plan so we can research and resolve the concern.
 - For more information about how to **contact a Provider Advocate**, follow the link below: <http://www.uhccommunityplan.com/content/dam/communityplan/healthcareprofessionals/providerinformation/KS-Provider-Information/KS-Home-Community-Based-Services-Provider-Advocate-Map.pdf>