

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>1-23-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER <i>000384</i>		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR <i>Cleaveland 1/23/08, cc attached responses.</i>		<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-30-08</i>	
		<input type="checkbox"/> FOIA DATE DUE _____	
		<input type="checkbox"/> Necessary Action	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



Kansas Health Policy Authority

Coordinating health & health care for a thriving Kansas

MARCIA J. NIELSEN, PhD, MPH
Executive Director

ANDREW ALLISON, PhD
Deputy Director

SCOTT BRUNNER
Chief Financial Office

Barb Langer
Policy Director

FAX COVER SHEET

RECEIVED

JAN 23 2008

TO: State Medicaid Directors

FAX:

FROM: Debbie Huske/Vonne 785-296-4486

DATE: 1/23/2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

NUMBER OF PAGES (Including Cover Sheet):

4

COMMENTS:

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Agency Website: www.khpa.ks.gov
Address: Rm. 900-N, Landon Building, 900 SW Jackson Street, Topeka, KS 66612-1220

Medicaid and HealthWave:
Phone: 785-296-3981
Fax: 785-296-4813

State Employee Health
Benefits and Plan Purchasing:
Phone: 785-296-6280
Fax: 785-296-7160

State Self Insurance Fund:
Phone: 785-296-2364
Fax: 785-296-6995

**Nationwide Survey
Medicaid Managed Care Programs for the Aged, Blind, and Disabled**

The Kansas Health Policy Authority (KHPA), the single state Medicaid agency in Kansas, is conducting a brief survey to determine which states are offering, or planning to offer, managed care programs to their aged, blind and disabled populations, and what the basic characteristics of these programs are. Would you please take a few moments to respond to the following questions?

We would appreciate your response by **February 1, 2008**, and would be happy to share a summary of our findings if you would like.

State: _____

1. Does your state offer, or have plans to offer, a Medicaid managed care program for people in the aged, blind, and disabled (ABD) population?

____ Yes
____ No

If yes, please proceed to question number 2. If no, please proceed to question number 16.

2. Is the ABD population included in the regular Medicaid managed care population or is there a separate program targeted for this population?

____ Included in the regular Medicaid managed care population (or will be included)
____ Separate program targeted for the ABD population exists (or will be implemented)

3. Which of the following subsets of the ABD population are covered (or will be covered) under the Medicaid managed care program (s)? Please check each one that applies.

____ The Elderly
____ People with physical disabilities
____ People with developmental disabilities

4. If more than one subset of the population is covered, are separate programs offered (i.e., a separate program for the elderly and a separate program for people with developmental disabilities)?

____ Yes, separate programs are offered for each eligible population
____ No, only one program is offered

5. What method of enrollment is used (or will be used)?

____ Mandatory (i.e., all eligible beneficiaries must receive services in the managed care program)
____ Voluntary (i.e., beneficiaries may choose the managed care program or decide to receive services in the fee-for-service system)
____ Opt-Out (i.e., beneficiaries are initially enrolled in the managed care program but can choose to opt-out after a certain period of time—e.g., 60 days)

6. Is the managed care program(s) offered state-wide or limited to certain counties/geographic areas? Please check the one that applies.

____ Statewide
____ Limited to certain counties/geographic areas

7. What type of managed care delivery system is being used (or will be used)? Please check the one(s) that applies.

- ☐ Managed Care Organization (MCO)
- ☐ Primary Care Case Management (PCCM)
- ☐ Enhanced Primary Care Case Management (EPCCM) (i.e., primary medical providers are used to coordinate primary care and approve specialty referrals)
- ☐ Disease Management (i.e., health care services are delivered to improve the health outcomes of beneficiaries with specific diseases)
- ☐ Comprehensive Care Management (i.e., designed to ensure continuity and accessibility of services and misutilization of facilities and resources)
- ☐ Other (please explain) _____

8. What benefits are covered (or will be covered) under the managed care program?

- ☐ Acute Care
- ☐ Behavioral Health
- ☐ Other (please specify e.g., benefits specifically tailored for this population) _____

9. What services are carved out? Please list these services below.

10. Did your state experience stakeholder resistance with respect to implementation of the plan?

- ☐ Yes
- ☐ No

11. What steps did your state take to either prevent or address stakeholder concerns (e.g., public meetings, focus groups, advisory committees, etc.)?

12. Under what authority is your managed care program(s) being implemented?

- ☐ State Plan Amendment
- ☐ DRA
- ☐ Waiver (Please specify the type of waiver – e.g., 1115, etc.) _____

13. When was the program implemented, or if still being planned, the target implementation date?

Date of implementation: _____

Target date for implementation: _____

14. What is your state's website address where we can access more information about your managed care program(s) for the ABD population?

15. If your program is currently being implemented, do you have any readily available information regarding the savings your state has achieved and/or improved quality health outcomes? If yes, please list this information in the space provided below.

16. Would you like a summary of the information we gather?

☐ Yes
☐ No

If yes, the summary will be sent to the e-mail address listed below.

17. If we have further questions, who may we contact? (Please print clearly)

Name: _____

E-Mail Address: _____

Phone Number: _____

Thank you very much for taking the time to complete this survey. Please return it by February 1, 2008, by fax or e-mail to:

Debbie Huske, Policy Analyst
Kansas Health Policy Authority
109 SW 9th Street, 7th Floor
Topeka, KS 66612
E-Mail: debbie.huske@knpa.ks.gov
785-296-4486
785-296-7718 (FAX)



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We would appreciate your response by **February 1, 2008**, and would be happy to share a summary of our findings if you would like.

State: South Carolina

1. Does your state offer, or have plans to offer, a Medicaid managed care program for people in the aged, blind, and disabled (ABD) population?

☒ Yes
☐ No

If yes, please proceed to question number 2. If no, please proceed to question number 16.

2. Is the ABD population included in the regular Medicaid managed care population or is there a separate program targeted for this population?

☒ Included in the regular Medicaid managed care population (or will be included)
☐ Separate program targeted for the ABD population exists (or will be implemented)

3. Which of the following subsets of the ABD population are covered (or will be covered) under the Medicaid managed care program (s)? Please check each one that applies.

☒ The Elderly
☒ People with physical disabilities
☒ People with developmental disabilities

4. If more than one subset of the population is covered, are separate programs offered (i.e., a separate program for the elderly and a separate program for people with developmental disabilities)?

Yes, separate programs are offered for each eligible population
☒ No, only one program is offered

5. What method of enrollment is used (or will be used)?

☐ Mandatory (i.e., all eligible beneficiaries must receive services in the managed care program)
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☐ Opt-Out (i.e., beneficiaries are initially enrolled in the managed care program but can choose to opt-out after a certain period of time—e.g., 60 days)

6. Is the managed care program(s) offered state-wide or limited to certain counties/geographic areas? Please check the one that applies.

☒ Statewide
☐ Limited to certain counties/geographic areas

7. What type of managed care delivery system is being used (or will be used)? Please check the one(s) that applies.

- ☒ Managed Care Organization (MCO)
☒ Primary Care Case Management (PCCM)
☐ Enhanced Primary Care Case Management (EPCCM) (i.e., primary medical providers are used to coordinate primary care and approve specialty referrals)
☐ Disease Management (i.e., health care services are delivered to improve the health outcomes of beneficiaries with specific diseases)
☐ Comprehensive Care Management (i.e., designed to ensure continuity and accessibility of services and misutilization of facilities and resources)
☐ Other (please explain)

8. What benefits are covered (or will be covered) under the managed care program?

- ☒ Acute Care
☐ Behavioral Health
☐ Other (please specify e.g., benefits specifically tailored for this population)

9. What services are carved out? Please list these services below.

Institutional Long Term Care/NH, Mental Health & Alcohol and other Drug Abuse Treatment Services, non emergency transportation, Vision Care, Dental Services, Chiropractic ;
Services, Rehabilitation Therapies for children-non Hospital Based, Targeted Care (See

10. Did your state experience stakeholder resistance with respect to implementation of the plan? Next Pg)
☐ Yes
☐ No

11. What steps did your state take to either prevent or address stakeholder concerns (e.g., public meetings, focus groups, advisory committees, etc.)?
Advisory groups, public meetings, legislative hearings, notices
and bulletins.

12. Under what authority is your managed care program(s) being implemented?

- ☒ State Plan Amendment
☐ DRA
☐ Waiver (Please specify the type of waiver – e.g., 1115, etc.)

13. When was the program implemented, or if still being planned, the target implementation date?

Date of implementation: November 1996
 Target date for implementation: _____

14. What is your state's website address where we can access more information about your managed care program(s) for the ABD population?

www.scdhhs.gov

9. (cont.) What services are carved out? Please list these below.
Management Services, Home and Community based waived services, Pregnancy
Prevention services, Organ transplants

15. If your program is currently being implemented, do you have any readily available information regarding the savings your state has achieved and/or improved quality health outcomes? If yes, please list this information in the space provided below.

We recently started our baseline year and do not have data available for reporting cost savings or quality health incomes.

16. Would you like a summary of the information we gather?

☒ Yes
☐ No

If yes, the summary will be sent to the e-mail address listed below.

17. If we have further questions, who may we contact? (Please print clearly)

Name: Jennifer Campbell

E-Mail Address: campjen@scdhhs.gov

Phone Number: 803-898-2593

Thank you very much for taking the time to complete this survey. Please return it by February 1, 2008, by fax or e-mail to:

Debbie Huske, Policy Analyst
Kansas Health Policy Authority

109 SW 9th Street, 7th Floor

Topeka, KS 66612

E-Mail: debbie.huske@khpaa.ks.gov

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