



## FOR IMMEDIATE RELEASE

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### **KanCare Primed for Feb. 1 Implementation of I/DD Services *Stakeholder Session Scheduled in Advance of Final Agreement***

**TOPEKA, Kan.** – The federal Centers for Medicare and Medicaid Services (CMS) and the State of Kansas are making substantial progress in discussions that would allow the state to move forward in including long-term services and supports for Kansans with intellectual or developmental disabilities (I/DD) in KanCare, the state’s integrated Medicaid managed care program, starting Feb. 1.

The Kansas Department of Health and Environment (KDHE) had proposed the Section 1115 amendment would take effect Jan. 1, but federal and state officials agreed to take additional time to resolve issues related to the existing 1915(c) waiver for I/DD members, and to review and fully consider public comments offered during the federal comment period, which ran through Dec. 24, 2013.

The result is a framework designed to ensure KanCare will provide members with the comprehensive care and services they need to thrive in their homes and communities. The terms of the agreement are being completed.

“We appreciate the detailed discussions and partnership with CMS that has produced a plan of action to allow KanCare to start working as a comprehensive, integrated plan for all its members,” Lt. Gov. Jeff Colyer, MD, said.

As the Feb. 1 date approaches and before completion of the final agreement, the State is also scheduling a special stakeholder listening session for Wednesday, Jan. 22, that will allow consumers, their families and caregivers, and other stakeholders an opportunity to learn about some of the key protections that have been put in place for the transition, and to offer their suggestions and advice for a successful implementation. CMS officials will also participate in that call.

The two-hour conference call will be divided into two sections. The first hour, from 8:30-9:30 a.m., will be devoted to consumer and family issues, starting with a discussion of how targeted case managers will interact with managed care organization (MCO) care coordinators in the KanCare model. The second

hour, from 9:30-10:30 a.m., will be for providers and other stakeholders and will begin with a discussion of billing and administrative protections in place for the transition. Time will be available in each portion of the call for other comments and discussion.

To participate in the Jan. 22 stakeholder conference call, dial (800) 811-9422.

The Kansas Department for Aging and Disability Services (KDADS) will also provide written notification to consumers of the impending transition by letter.

“We appreciate the feedback stakeholders have provided so far, and look forward to continuing to work with them to ensure that KanCare makes a positive difference for its members,” KDADS Secretary Shawn Sullivan said.

*About KanCare:* KanCare is the new Medicaid program in Kansas that began on Jan. 1, 2013, with integrated medical services for all Medicaid consumers. The KanCare model uses managed care to support intensive care coordination and to deliver the highest quality of services under pay-for-performance contracts that hold the health plans accountable for improved health outcomes for KanCare members. The first phase of Kansas’ Medicaid reforms launched after two years of statewide discussions, including many stakeholder forums and public hearings across Kansas. Visit [KanCare.ks.gov](http://KanCare.ks.gov).