Division of Health Care Finance
Landon State Office Building
900 SW Jackson, Suite 900 N
Topeka, Kansas 66612-1220

Phone: 785-296-3981
Fax: 785-296-4813
www.kdheks.gov

Susan Mosier, MD, Secretary
Michael Randol, Director

Department of Health & Environment

Sam Brownback, Governor

May 28, 2015

Ms. Brenda Blunt
Project Officer
Centers for Medicare and Medicaid Services
Center for Medicaid and CHIP Services
Division of State Demonstrations and Waivers
7500 Security Boulevard
Mail Stop S2-01-16
Baltimore, MD 21244-1850

Mr. James G. Scott
Associate Regional Administrator
Department of Health and Human Services
Centers for Medicare and Medicaid Services
601 East 12th Street, Suite 235
Kansas City, MO 64106

Re: State of Kansas Amendment to the section 1115(a) demonstration (11-W-00283/7)

Dear Ms. Blunt and Mr. Scott:

The State of Kansas, Department of Health and Environment (KDHE) requests approval of an amendment to the KanCare Sections 1115 demonstration project (11-W-00283/7), which was approved by the Centers for Medicare & Medicaid Services (CMS) on December 27, 2012. The KanCare demonstration is effective from January 1, 2013, through December 31, 2017.

As required by the KanCare Special Terms and Conditions (STCs), STC 7, this request includes: (i) a detailed description of the proposed amendment, including the impact on beneficiaries, the changes to evaluation design, and the necessary waiver and expenditure authority; (ii) an explanation of the public process used by the State to reach a decision reading the requested amendment; and (iii) a data analysis that identifies the specific "with waiver" impact of the proposed amendment on the current budget neutrality agreement. Because the proposed changes will not affect children in the CHIP program, KDHE is not including a CHIP Allotment Neutrality Worksheet.

The proposed amendment will accomplish two disability employment initiatives: (1) The Supplemental Security Income (SSI) Pilot and (2) moving the *Working Healthy* and the Work Opportunities Reward Kansans, *WORK,* under the 1115 Waiver in order to establish a work minimum requirement consistent with the pilot and the medically improved category. The proposed effective date of the amendment is October 1, 2015.

The State appreciates your consideration of this amendment request, and looks forward to working with CMS to accomplish these changes. If you have any questions or would like to discuss this request, please contact Michael Randol, Director of the Division of Health Care Finance, at mrandol@kdhsks.gov or (785) 296-3512.

Sincerely,

Susan Mosier, MD, MBA, FACS
Secretary and State Health Officer
Kansas Department of Health and Environment

cc: Michael Randol
Christiane Swartz
Mary Ellen Wright

SECTION 1115 DEMONSTRATION AMENDMENT

Disability Employment Initiatives

Table of Contents

DISABILITY EMPLOYMENT INITIATIVES 3
SUPPLEMENTAL SECURITY INCOME EMPLOYMENT SUPPORT PILOT 4
WORKING HEALTHY/WORK OPPORTUNITES REWARD KANSANS 9
TRIBAL NOTICES AND RESPONSES 20
Notice to Tribal Governments, Indian Health Programs and Urban Indian Organizations 22
PUBLIC NOTICES AND RESPONSES 28
Public Notice 29
Public Notice Responses 31
BUDGET NEUTRALITY CALCULATIONS 32
SSI / SSDI MEDICAID PROGRESSION 38

DISABILITY EMPLOYMENT INITIATIVES

SUPPLEMENTAL SECURITY INCOME EMPLOYMENT SUPPORT PILOT

I. BACKGROUND

For individuals with disabilities, many societal barriers were reduced or eliminated during the 20th century. Medical and technological advances, de-institutionalization, free and appropriate education, inclusion in the classroom, environmental access, and civil rights legislation have resulted in improved quality of life and integration into society for children and adults with disabilities.

Disability stakeholders in Kansas and the rest of the nation have identified a number of reasons why individuals with disabilities continue to underachieve in the employment arena. Among these are low expectations for youth and adults with disabilities, medical and service providers who discourage employment, lack of work experience for transition age youth, a Social Security system that defines disability as the inability to work, state and federal systems that incentivize unemployment, and inconsistency across systems in terms of their approach to employment. In addition, individuals with intellectual and developmental disabilities are often provided with only one option for employment; "sheltered" and segregated employment at sub-minimum wages with little or no possibility of advancement. Little wonder the employment of people with disabilities remains bleak.

Yet employment plays a major role in adult life, frequently bringing with it a sense of accomplishment, personal satisfaction, self-reliance, social interaction and integration into the community. Attachment to the Social Security benefits system, and lack of attachment to employment, result in lost opportunities to maintain and improve skills, loss of a sense of belonging to the workforce, and loss of the mindset that employment is possible. Poverty and the stigma of poverty are major factors in poor living conditions, poor physical health, social isolation and low self-esteem.

II. PROBLEM

Despite all of these advances, employment outcomes for youth and adults with disabilities continue to remain bleak. Less than 30 percent of working-age Americans with disabilities participates in the workforce. Twice as many Americans with disabilities live in poverty compared to those without disabilities. Of those who receive Social Security disability benefits (SSI and/or SSDI), fewer than 1% ever leave that system. According to SSA, in October 2014 the average SSI payment for individuals between the ages of 18 and 65 was $549.72/month, $422.78 less than the 2014 Federal Poverty Level of $972.50/month. Youth who begin receiving SSI before age 18 spend an average of 27 years receiving benefits. The Social Security Administration (SSA) reports that 47% of working age people with disabilities receives 100% of their income from SSI.

III. PILOT DESCRIPTION

The Supplemental Security Income (SSI) Employment Support Pilot is designed to promote employment for Kansans with intellectual/developmental (I/DD) and physical disabilities (PD) The pilot will offer

people who are on the waiting lists for the I/DD-and PD waivers, age 16 to 60, the opportunity to receive $1,500 monthly to purchase waiver type service if they are employed a minimum of 40 hours per month, making Federal minimum wage, and working in a competitive, integrated setting. Participants in the pilot will receive medical coverage through KanCare.

Eligible individuals will be notified by letter that they are eligible for the SSI Pilot. The letter will include a brief explanation of the pilot, a form to indicate their interest, and a self-addressed stamped envelope to return the form. If interested, a State Medicaid Program Benefits Specialist will set up a meeting and provide comprehensive information regarding the pilot versus waiver services. These individuals may then make an informed choice regarding whether to participate in the pilot, or to continue on the waiting list until eligible for waiver services. State staff will also educate MCO Case Managers and community providers about the pilot, and they will be encouraged to make referrals to the Benefits Specialists if they believe someone is eligible.

Assistance to obtain employment will be provided by Kansas Rehabilitation Services (Vocational Rehabilitation), the Kansas Workforce Centers, Community Developmental Disability Organizations, and Centers for Independent Living.

Once people obtain employment, the *Working Healthy* Program Coordinator will review their employment information to determine whether it meets the pilot requirements and, if eligible, the Program Coordinator will coordinate a start date following the completion of program and fiscal management paperwork. The $1,500 monthly allocation will be sent to a designated fiscal management services (FMS) provider, and the FMS provider will make payments on behalf of participants based on their approved budgets.

If individuals who choose to participate in the pilot become waiver eligible while participating, they will be offered the choice to receive waiver services rather than pilot services. A Benefits Specialist will review this option with them. If they choose to continue in the pilot, they will be considered waiver eligible as long as they continue to meet the functional eligibility requirements for waiver services, and can return to the waiver if no longer participating in the pilot.

By engaging members in the workforce, and providing the services necessary to support independent living and employment, the goal of this pilot is to promote increased self-reliance and decreased dependence on federal and state systems, while at the same time improving health outcomes and quality of life.

IV. TARGET POPULATION

The Supplemental Security Income (SSI) Employment Support Pilot will target up to 400 individuals between the ages of 16 and 60 who are currently on the Home and Community Based Services (HCBS) Intellectual/Developmental Disability (I/DD) or Physical Disability (PD) waiting lists. Participants must be employed a minimum of 40 hours per month, making Federal minimum wage, and working in a

competitive, integrated setting. While anyone meeting the eligibility criteria may participate, program staff will make a particular effort to outreach to transition age youth and young adults.

V. SERVICES

A. Benefits Planning - The Kansas Medicaid Buy-In program, *Working Healthy*, has a robust benefits planning program. The Team Leader and six Benefits Specialists are located regionally and will be available to discuss the SSI Alternative Pilot and alternatives to this option, provide individual benefit plans, and explain the impact of employment on benefits.

B. Personal Care, Employment Support Services, Assistive Technology and Services, and Home/Vehicle Modifications - Funding for personal care and employment support services will be made in the form of a monthly allocation, capped at $1,500 per month, allowing participants to directly manage their funds, as well as the flexibility to purchase services that best meets their needs in the most cost-effective and innovative manner. Utilizing a monthly cash allocation, participants may purchase personal services using human assistance or in alternative ways, e.g., a meal or laundry service, assistive technology, etc. They may also purchase employment supports, assistive technology, and home and/or vehicle modifications. They also decide whether they want to self-direct their care, have an agency direct care on their behalf, or a combination of both.

C. Medicaid Coverage - Participants will receive Medicaid services under KanCare. If eligible for employer sponsored health insurance, Medicaid will continue to wrap-around the employer-based insurance as long as the participant continues to be eligible for Medicaid. Personal and employment-related assistance will continue to be available if needed. (Pilot participants whose income results in a loss of SSI benefits will be able to access the Kansas Medicaid Buy-In program, *Working Healthy*, and personal/employment support services through *WORK*).

VI. ELIGIBILITY CRITERIA

SSI recipients {SSI cash or 1619(b)}, age 16 and above, currently on the I/DD or PD waiver waiting lists, who are employed will be eligible for this pilot.

Participants must be employed in a competitive, integrated work setting at least 40 hours per month, earning at least federal minimum wage or better, and have FICA withheld from earnings. Self-employed individuals must have net earnings, after actual business expenses are deducted, that meet the Social Security quarterly earnings standard, and make quarterly SECA payments.

- Competitive employment is defined as work performed in the competitive labor market on a full or part-time basis for which individuals are compensated at or above federal minimum wage, but not less than the customary wage and level of benefits paid a non-disabled individual for the same or similar work.

- Integrated employment is defined as a setting typically found in the community in which individuals with the most severe impairments interact with non-disabled individuals according to the duties and responsibilities of the position. If the individual's only interaction with a non-disabled person is their caretaker, the requirement is not met.

VII. COST SHARE

As participants are SSI recipients, there is no premium, share of cost of care, or spenddown required.

VIII. EXTENSION OF COVERAGE FOR TEMPORARY UNEMPLOYMENT

Pilot participants who become unemployed and intend to return to work may be eligible for a period up to four months following the month employment ends. Unemployment may be for any reason, but the participant must establish an active Temporary Unemployment Plan (TUP) with the Working Healthy Benefits Specialist.

IX. SAFETY NET

Persons currently on the HCBS I/DD or PD Waiver waiting lists who accept services through the SSI Employment Supports Pilot and choose to leave the pilot for any reason will return to the HCBS waiting list and will be placed on the list with the same request date he/she had prior to transitioning to the SSI Employment Supports Pilot. If individuals from the waiting list with the same date are now on the waiver, the pilot participant will also be offered waiver services.

X. GOALS AND PILOT EVALUATION

A. Goals

- Demonstrate increased competitive, integrated employment of SSI beneficiaries who need supports in order to live and work in the community.
- Demonstrate lower physical and behavioral health costs.
- Demonstrate increased earnings and taxes paid.
- Demonstrate decreased reliance on public benefits.
- Demonstrate improved quality of life (self-report by participant)

B. Evaluation

The evaluation of this project, which will be folded into the broader KanCare Evaluation design and reporting, will include:

- Longitudinal comparisons of data related to
    - Employment status
    - Health care costs
    - Earnings and/or taxes paid

    - Use of public benefits
    - Quality of Life
- Comparative group assessments, via data review, periodic surveys and other program connection information, related to participants and eligible non-participants, including:
    - Pre- and post-participation comparative analysis of members participating in the pilot project, both before and periodically during their participation.
    - Comparative analysis over time between participants and non-participants.

WORKING HEALTHY/WORK OPPORTUNITES REWARD KANSANS

I. BACKGROUND

The Ticket-to-Work and Work Incentives Improvement Act of 1999 (TWWIIA) provides states with the opportunity to offer Medicaid Buy-In coverage to working individuals with disabilities who, because of their earnings, cannot qualify for Medicaid under other statutory provisions. The legislation creates two new optional categorically needy eligibility groups: the Basic Coverage Group and the Medical Improvement Group. Medicaid Buy-In programs are designed to encourage people to work, increase their income, and accumulate assets in order to reduce long term reliance on public supports, while at the same time not jeopardizing their health care. *Working Healthy*, the Kansas Medicaid Buy-In program, was implemented in July 2002.

Work Opportunities Reward Kansans (WORK) is the program through which people enrolled in Working Healthy receive Personal Assistance Services (PAS), assistive technology and Independent Living Counseling. WORK is operated as an Alternative Benefit Plan under the Patient Protection and Affordable Care Act. To receive WORK services, people must be eligible for Working Healthy and eligible for one of the following waivers: Intellectual/Developmental Disability (I/DD), Physical Disability (PD), or Traumatic Brain Injury (TBI).

II. PROBLEM

TWWIIA limits Medicaid Buy-In programs in two respects:

- While TWWIIA requires minimum employment of 40 hours per month for the Medical Improvement group, it does not allow states to establish a definition of employment for the Basic Coverage Group. States are allowed to request proof of income; however they cannot establish a minimum income level as eligibility criteria for Medicaid Buy-In programs.

- TWWIIA has an upper age limit of 65 years.

The end result of these two requirements is that states must allow people making the most marginal income to enroll in Medicaid Buy-In programs, while at the same time excluding individuals willing to work past the age of 65.

Kansas Medicaid, like many other states, provides coverage for the Medically Needy. The Medically Needy program provides states the option to extend Medicaid eligibility to individuals with high medical expenses whose income exceeds the maximum threshold, but who would otherwise be eligible for Medicaid. These individuals must “spend down” their income that is above the Medicaid limit on medical expenses until they meet the Medicaid threshold, at which point their services are paid by Medicaid. Working Healthy incentivizes Medically Needy Kansans to become employed or increase their

work effort without increasing their spenddown. Instead of a spenddown, they pay an affordable premium each month. While this program has incentivized many individuals to become employed at a meaningful level, it has also encouraged others to obtain minimal employment, or in some cases to falsify employment, in order to obtain the benefits of Working Healthy.

Given that the intent of Medicaid Buy-In programs is to increase adult self-sufficiency and reduce reliance on government programs, allowing people with very low income into the program, and not allowing working people age 65 and over to remain in the program, is counter-productive. Both of these provisions limit the effectiveness of the Medicaid Buy-In programs.

III. PROPOSAL

Kansas proposes to move *Working Healthy* and *WORK* under the KanCare 1115 Waiver for the following reasons:

- It will provide Kansas Medicaid with the ability to establish a minimum work and hourly wage requirement, resulting in improved employment outcomes in a program designed to incentivize employment.
- It will also allow Kansas to bring *Working Healthy* into alignment with both the Supplemental Security Income (SSI) Employment Pilot, and the Medically Improved eligibility group.
- It will allow individuals to continue working past the age of 65 if they wish to, allowing them to continue to benefit from the employment incentives provided by *Working Healthy* enrollment.

There is precedent for operating a Medicaid Buy-In program under an 1115 Waiver. Massachusetts was a very early implementer of a health coverage program for workers with disabilities. Massachusetts began a state-funded program for workers with disabilities in 1988. This program was folded into the state's 1115 Medicaid waiver in 1996. The state's Medicaid Buy-In program, called *CommonHealth Working (CHW)*, has a 40 hour per month minimum work requirement (or 240 hours in the past six months). This requirement, permitted under the 1115 waiver, makes *CHW* unique among Medicaid Buy-In programs. An evaluation of the work requirement found that this provision may have motivated individuals to work (in order to meet the requirement for coverage) and supported the state's goals of coverage and employment for people with disabilities (*Evaluation of the 40 Hours per Month Work Requirement for MassHealth's CommonHealth Working Program*, University of Massachusetts Medical School Center for Health Policy and Research, July 2008).

a. Minimum Employment Requirement

For those who are employed by an employer, the proposed work requirement is a minimum of 40 hours per month, and an income requirement of federal minimum wage hourly. Those who are self-employed would be required to demonstrate that their earnings meet the quarterly earnings standard for Social Security. Individuals new to the program would have to meet the minimum requirement in order to

enroll. Individuals currently enrolled who do not meet the minimum would have six months to increase their employment in order to meet the Working Healthy employment criteria.

b. Elimination of Age Restriction

Individuals who have been enrolled in Working Healthy for a minimum of one year prior to turning age 65 will be able to remain in Working Healthy after age 65.

c. WORK

WORK services will operate under the 1115 rather than as an Alternative Benefit Plan. All service descriptions and services will remain the same as they are under the Alternative Benefit Plan. (See attached description)

IV. Goals and Measurement

The goals of this amendment establishing a minimum employment requirement and removing the age cap of 65 are that these changes will result in:

- A true work incentive program with measureable employment and income requirements.
- Increased income and improved health for participants.
- Reduced reliance on public benefits.
- Individuals over age 65 having the opportunity to continue working while still benefitting from the Kansas Medicaid Buy-In program.

A variety of measures will be used to assess whether these goals are attained, as listed below.

- Increased income for participants will be assessed using quarterly earnings data from the Kansas unemployment insurance system, gross adjusted income data from the state Department of Revenue, earnings reported during Medicaid eligibility determinations, and self-reported earnings data collected from participants via and an annual survey. We expect that increased earnings will be evident between 1 and 3 years after implementation.
- Improved health for participants will be measured by analyzing Medicaid claims data to assess whether health care costs decrease over time and total disease burden also decreases. In addition, self-reported measures of health status will be collected via an annual survey and analyzed to determine changes over time. Again, we anticipate that improvements will be evident between 1 and 3 years after implementation.
- Reduced reliance on public benefits will be assessed via self-report on the annual survey. We anticipate that participants will report reduced reliance on multiple assistance programs including food assistance, low-income energy assistance, and Section 8 housing.
- Increased numbers of people enrolling in the Medically Improved category of Working Healthy will indicate that more individuals are working at or above the Substantial Gainful Activity level. We anticipate some growth in this number over time.

- Increased numbers of people working after 65 will affirm that the amendment is being successful in incentivizing work for this often low-income population. Data for this measurement are available via the state's Medicaid eligibility system.

WORK SERVICES

Alternative Benefit Plan Essential Health Benefit 1: Ambulatory patient services

Personal Services – WORK/Self Direction

ii. Service Package

The State elects to have the following included as Self-Directed Personal Assistance Services:

A. __X__ State Plan Personal Care and Related Services, to be self-directed by individuals eligible under the State Plan.

iv. Use of Cash

A. __X__ The State elects to disburse cash prospectively to participants self-directing personal assistance services. The State assures that all Internal Revenue Service (IRS) requirements regarding payroll/tax filing functions will be followed, including when participants perform the payroll/tax filing functions themselves.

viii. Geographic Limitations and Comparability

A. __X__ The State elects to provide self-directed personal assistance services on a statewide basis.

D. __X__ The State elects to provide self-directed personal assistance services to targeted populations. Please describe:_____

Individuals whose functional limitations and need for assistance is similar to individuals meeting an institutional level of care.

E. __X__ The State elects to provide self-directed personal assistance services to an unlimited number of participants.

xii. Risk Management

A. The risk assessment methods used to identify potential risks to participants are described below.

1. During the initial and annual assessments, participants need for personal assistance is addressed in a person centered process. Participants receive the number of hours that they are assessed as needing. Once needs are determined, hours of personal assistance are assigned. Hours of service are then translated into dollars, and a monthly allocation determined. Participants, with the help of Independent Living (IL) Counselors and anyone else they wish to include in the planning process, develop an Individualized Budget designed to address their needs. The Individualized Budget includes personal assistance, alternative assistance, and use of any carryover funds. Both the needs assessment and the Individualized Budget are reviewed by the Managed Care Organization (MCO) Case Manager to

determine that the Individualized Budget addresses the needs of participants identified in the needs assessment.

2. In addition to addressing activities of daily living that pose a risk without assistance, the assessor and participant complete a Health Related Information assessment, which includes an assessment of home and neighborhood safety.

3. Participants, with the assistance of the assessor, and other significant persons if desired, develop an emergency back-up plan, document this plan on the Emergency Back-Up Plan form, and submit this to the Managed Care Organization (MCO) Case Manager for approval. The Emergency Back-up Plan is used to identify who will provide assistance in high-risk and emergency situations. MCO Case Managers review the Emergency Back-Up Plan to determine whether it includes the necessary safeguards, and either approves the plan, or returns it to the consumer and assessor with recommendations. Consumers, MCO Case Managers, Independent Living Counselors and State program staff maintain a copy of the Emergency Back-Up Plan and make it available as appropriate.

4. State program staff review the Needs Assessment, the Health Related form, the Emergency Back-Up Plan, the Consumer Agreement form and the Individualized Budget to assess whether they appear to meets the needs of the participant, that all information is complete, and that forms are signed by the participant or representative.

5. Assistive technology and home/vehicle modifications are available to participants who demonstrate a need for these for health and safety reasons. With the assistance of their IL Counselors, participants complete an Assistive Services Request Form, which is sent to their MCO Case Manager for approval.

6. Assessors, IL Counselors and MCO Case Managers are required to report any concerns regarding consumers living situations, emotional and physical abuse, neglect, exploitation and fiduciary abuse to KDHE and the Department of Children and Families (DCF). DCF is responsible for follow-up and investigation

B. The tools or instruments used to mitigate identified risks are described below.

1. The Needs Assessment tool is an assessment of functional limitations and is designed to identify support needs for Activities of Daily Living (ADL's), Instrumental Activities of Daily Living (IADLs), and Employment Supports. The Needs Assessment tool requires a face-to-face meeting, and discussion with participants/representatives and anyone else they choose to include in the process, such as Independent Living Counselors (ILCs), other family members, and friends. The program is developed to provide needed support and yet encourage as much independence as possible.

The tool looks at the following for each ADL and IADL:

o Can the member perform these tasks independently?

o How much time does it require for the member to perform these tasks independently?

o Does the member need assistance but currently use unpaid natural support to perform the task?

o If natural support is currently used to accomplish these tasks, describe the nature of the natural support.

o Is assistive technology or home modifications currently used, or needed, to increase independence?

o If assistive technology is used or needed, describe the type of assistive technology or the home modifications.

o Would personal assistance or assistive services reduce the amount of time?

o How much personal assistance is needed, or what assistive technology is needed, to increase safety and independence.

2. The Health Related Information within the Needs Assessment tool includes an assessment of:

o home and neighborhood safety

o safety equipment such as carbon monoxide and smoke detectors

o functionality of utilities

health and physical safety

o egress safety, and

o questions related to abuse, neglect and exploitation.

Participants may use their monthly allocation to purchase safety equipment such as smoke and carbon monoxide detectors. The intent to purchase safety items are documented on the participant's Individualized Budget.

3. The Emergency Back-up Plan provides the following information

o who should be contacted in the event a personal assistant does not come

o who to contact in the event of an emergency

o contacts who will provide assistance in an emergency/natural disaster

o contacts to care for service pet in the event of an emergency, and

o contact who is authorized to make decisions or sign documents.

4. The Individualized Budget documents

o who will be paid to provide personal assistance services

o what alternative services will be purchased, and

o how carry-over funds will be used to increase health, safety or independence.

5. The Assistive Services Request form

o describes the need for assistive technology or home/vehicle modifications, and

o documents the medical necessity for these services.

6. Background Check forms allow the Fiscal Management Service provider to perform background checks on personal assistants. Background checks will be paid by the participant's MCO and none of the cost of the background check will be deducted from the participant's Individualized Budget.

7. The Independent Living Counselor as a Mandated Reporter explains that Kansas law considers IL Counselors mandated reporters of abuse, neglect, exploitation, and fiduciary abuse, and defines these terms.

xiii. Qualifications of Providers of Personal Assistance

A. __X__ The State elects to permit participants to hire legally liable relatives, as paid providers of the personal assistance services identified in the service plan and budget.

xv. Permissible Purchases

A. ___X_ The State elects to permit participants to use their service budgets to pay for items that increase a participant's independence or substitute for a participant's dependence on human assistance.

xvi. Financial Management Services

A. ___X__ The State elects to employ a Financial Management Entity to provide financial management services to participants self-directing personal assistance services, with the exception of those participants utilizing the cash option and performing those functions themselves.

ii. __X_ The State elects to provide financial management services through vendor organizations that have the capabilities to perform the required tasks in accordance with section 3504 of the IRS Code and Revenue Procedure 70-6. (When private entities furnish financial management services, the procurement method must meet the requirements set forth Federal regulations in 45 CFR section 74.40 – section 74.48.)

iii. __X_ The State elects to provide financial management services using "agency with choice" organizations that have the capabilities to perform the required tasks in accordance with the principles of self-direction and with Federal and State Medicaid rules.

Assistive Services – *WORK*

Individuals must have a medical and functional need for the assistive technology or services in order to improve health and safety and/or increase the ability to maintain employment. Assistive Services includes

items, equipment, product systems, and home or vehicle modifications, not covered under the Medicaid State Plan, but which contribute to the individual's health and safety and/or ability to maintain employment and independence. Assistive Services may also include services which directly assist individuals with a disability in the selection, acquisition, or use of assistive technology. The Assistive Service requested must be prior authorized and must be related to the individual's disability and functional limitations, medically necessary and documented by appropriate medical personnel, and cannot go beyond the scope of the Medicaid program and subsume an employer's responsibilities under Title I of the Americans with Disabilities Act (ADA), and the Kansas Act Against Discrimination.

For any Home and Community Based Services benefits as permitted in 1915(i) in ABP5, the state assures that:

1. The service(s) are provided in settings that meet HCB setting requirements;

2. The service(s) meet the person-centered service planning requirements;

3. Individuals receiving these services meet the state-established needs-based criteria that are not related solely to age, disability, or diagnosis, and are less stringent than criteria for entry into institutions. Services can be accessed as needed, even if the individuals have needs that are below institutional level of care.

The $7500.00 annual limit may be exceeded based on medical necessity.

Provider Qualifications: Community organizations eligible to enroll as providers of Assistive Services must be providers of DME, orthotics and prosthetics or be one of the following: CDDO or CDDO Affiliate, CIL, or licensed Home Health Agency.

Independent Living Counseling – WORK

Independent Living Counseling is provided for WORK participants by Independent Living Counselors working for community organizations such as Centers for Independent Living, Community Developmental Disability Organizations, and licensed Home Health agencies. Independent Living Counselor responsibilities include conveying WORK program policies and procedures to participant and assisting participants to:

• complete the WORK Choice Form

• access training and supports needed to develop the skills to self-direct services, manage their monthly allocation, organize workplace accommodations, and otherwise meet goals for independent living

• develop an Individualized Budget

• determine and locate alternate, cost-effective methods for purchasing services

• plan for the use of carry-over funds

• develop an Emergency Back-Up Plan and locate emergency back-up care and emergency assistance

• recruit providers of personal assistance services

• interview, hire, supervise, and terminate personal assistants

• obtain agency-directed services, if that is their preference

• document the need for and apply for assistive services, as well as locate providers

• complete and submit required paperwork for the fiscal intermediary

• dis-enroll from the program.

Independent Living Counselors are also responsible for communicating any changes in status, needs, problems, etc., to the participant's MCO Case Manager, report emotional abuse, physical abuse, exploitation, fiduciary abuse, maltreatment and/or neglect to the program staff and/or Adult Protective Services.

Extra units may be added based on medical necessity.

For any Home and Community Based Services benefits as permitted in 1915(i) in ABP5, the state assures that:

1. The service(s) are provided in settings that meet HCB setting requirements;

2. The service(s) meet the person-centered service planning requirements;

3. Individuals receiving these services meet the state-established needs-based criteria that are not related solely to age, disability, or diagnosis, and are less stringent than criteria for entry into institutions. Services can be accessed as needed, even if the individuals have needs that are below institutional level of care.

Provider Qualifications:

1. Be employed by a Center for Independent Living, Community Developmental Disability Organization or its affiliate, or a licensed Home Health Agency that is enrolled as a provider of independent living counseling services;

2. Have a minimum of one year of professional experience providing direct services, including case management;

3. Have a minimum of 6-months experience working with a person with a disability as recognized by the Rehabilitation Act of 1973;

4. Have attended a 2-hour WORK presentation;

5. Have at least 12 hours of standardized training annually; and

6. Have completed the on-line WORK Independent Living Counseling training and received the certificate of completion.

Supported Employment – Individual Employment Support Services

Individuals must have a medical and functional need for the Supported Employment - Individual Employment Support services in order to improve health and safety and/or increase the ability to maintain employment. Supported Employment - Individual Employment Support Services are the ongoing supports to participants who, because of their disabilities, need intensive on-going support to maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The outcome of this service is sustained paid employment at or above the minimum wage in an integrated setting in the general workforce. Supported employment services are individualized and may include support to learn new or evolving and changing job responsibilities, to exhibit appropriate work behavior, to interact appropriately with other employees and the general public, to practice safety measures at work, and transportation to and from work. It may also include job coaching and consultation with the employer to deal with employment related issues and/or job related adaptations or modifications. Supported Employment - Individual Employment Supports do not include payment for supervision, training, support and adaptations typically available to other workers without disabilities filling similar positions in the business. For those who are self-employed, Supported Employment – Individual Support Medicaid is not provided to defray the expenses associated with starting up or operating a business. Providers of Supported Employment - Individual Support are community service providers, selected by the individual, who have trained staff such as job specialists, job developers, supported employment specialists, etc. Individuals who are self-directing may use community service providers or establish their own provider qualifications for the provision of individual employment supports.

For any Home and Community Based Services benefits as permitted in 1915(i) in ABP5, the state assures that:

1. The service(s) are provided in settings that meet HCB setting requirements;

2. The service(s) meet the person-centered service planning requirements;

3. Individuals receiving these services meet the state-established needs-based criteria that are not related solely to age, disability, or diagnosis, and are less stringent than criteria for entry into institutions. Services can be accessed as needed, even if the individuals have needs that are below institutional level of care.

TRIBAL NOTICES AND RESPONSES

Message | Alternative Benefit Plan Essential Health Benefit 1_WORK.docx (23 KB) | Tribal Notices - 1115 Waiver Amendments Employment Initiatives (86 KB)
Notice to Tribal Governments re SSI Employment Pilot.docx (22 KB) | Notice to Tribal Governments re Working Healthy_WORK.docx (19 KB)
Tribal Notices - 1115 Waiver Amendment Employment Initiatives (69 KB) | Public Notice re SSI Employment Pilot.docx (21 KB)

Tribal Notices - 1115 Waiver Amendments Employment Initiatives

Kim Tjelmeland

You replied to this message on 4/2/2015 9:21 AM.

Sent: Thu 4/2/2015 9:20 AM

To: 'trhodd@iowas.org'; 'tony.fee@iowas.org'; 'BWhitewater@yahoo.com'; 'Camie.Quilt@ihs.gov'; 'lester.randall@ktik-nsn.gov'; 'Zachariah.Pahmahmie@ihs.gov'; 'tim.oliver@ihs.gov'; 'paul.austin@ihs.gov'; 'liana@pbpnation.org'; 'BillThorne@pbpnation.org'; 'VSimon@pbpnation.org'; 'VOlsen@pbpnation.org'; 'DJune@sacandfoxcasino.com'; 'NKeller@sacandfoxcasino.com'; 'JJensen@sacandfoxcasino.com'; 'EGreen@sacandfoxcasino.com'; 'RBahr@sacandfoxcasino.com'; 'rgass@hunterhealthclinic.org'; 'MBase@hunterhealthclinic.org'; 'GPierce@hunterhealthclinic.org'; 'Peggy.Hankerson@ihs.gov'; 'Ben.Cloud@ihs.gov'; 'Sharon.Dawes@ihs.gov'; 'Chelsea.Anglin@ihs.gov';

Cc: Michael Randol; Bobbie Graff-Hendrixson; Mary Ellen Wright

Attachments: Notice to Tribal Governments re SSI Employment Pilot.docx; Tribal Notice re Working Healthy_WORK.docx

The Tribal notices for the amendment to move Working Health/WORK under the 1115 Demonstration Waiver, and to add the SSI Employment Pilot are attached.
Thank you.
Kim Tjelmeland

Kim Tjelmeland
SPA and Regulation Manager
KDHE – Division of Health Care Finance
900 SW Jackson, 9th Floor North
Landon State Office Building
Topeka, KS 66612

ktjelmeland@kdheks.gov
785.291.3810

Notice to Tribal Governments, Indian Health Programs and Urban Indian Organizations

Supplemental Security Income (SSI) Employment Support Pilot

The Kansas Department of Health and Environment (KDHE), Division of Health Care Finance (DHCF), is seeking permission from the Centers for Medicare and Medicaid Services (CMS) to amend their 1115 Demonstration waiver, KanCare, in order to include an employment pilot for individuals with disabilities. The pilot, titled the Supplemental Security Income (SSI) Employment Support Pilot, is designed to promote employment for individuals with intellectual/developmental (I/DD) and physical disabilities (PD) who are on the I/DD or PD waiver waiting lists by providing personal and employment support services for individuals who become employed. Participants in the pilot will continue to receive medical coverage through KanCare. The pilot will include up to 400 participants, and begin October 1, 2015.

Pilot services include benefits planning to assist interested individuals to make an informed choice regarding participation in the pilot, a monthly allocation to purchase personal assistance care and employment support services and Medicaid coverage. Pilot participants will be given a monthly allocation of $1,500 to purchase the services they need to live and work in the community.

In order to be eligible for the pilots, individuals must be SSI recipients {SSI cash or 1619(b)}, age 16 and above, currently on the I/DD or PD waiver waiting lists, and employed. Participants must work a minimum of 40 hours per month in a competitive, integrated setting, and earn at least Federal minimum wage. Federal Insurance Contribution Act (FICA) tax must be withheld from earnings. Self-employed individuals must have net earnings each quarter, after actual business expenses are deducted, which meet the Social Security quarterly earnings standard, and make Self-Employment Contribution Act (SECA) tax payments each quarter.

By engaging members in the workforce, and providing the services necessary to support independent living and employment, KDHE/DHCF wants to promote increased self-reliance and decreased dependence on federal and state systems, while at the same time improving health outcomes and quality of life.

Pilot measurements will include:

- lower physical and behavioral health costs
- improved health and quality of life (self-reported)
- increased earnings and taxes paid and decreased reliance on public benefits
- program satisfaction.

If you would like to provide written comments, please do so by May 2, 2015. An in-person consultation may be requested. Request for an in-person consultation or comments may be sent to: Mary Ellen Wright, KDHE/Division of Health Care Finance, 900 S.W. Jackson Street, Room 900-N, Topeka, Kansas 66612-1220, or email mwright@kdheks.gov.

Michael Randol, Director
KDHE, Division of Health Care Finance

Notice to Tribal Governments, Indian Health Programs and Urban Indian Organizations

Operation of *Working Healthy* and *Work Opportunities Reward Kansans (WORK)* Under the 1115 Demonstration Waiver and Revision of *Working Healthy* Employment Requirements

The Kansas Department of Health and Environment (KDHE), Division of Health Care Finance (DHCF), is seeking approval from the Centers for Medicare and Medicaid Services (CMS) to move its Medicaid Buy-In program, *Working Healthy*, and its Alternative Benefit Plan (ABP), *Work Opportunities Reward Kansans* (*WORK),* under its 1115 Demonstration Waiver, KanCare, effective October 1, 2015.

Eligibility requirements for *Working Healthy* will remain the same as they are currently with the following exception:

Individuals enrolling in *Working Healthy* must work a minimum of 40 hours per month in a competitive, integrated setting, and earn at least Federal minimum wage. Self-employed individuals must have net earnings each quarter, after actual business expenses are deducted, which meet the Social Security quarterly earnings standard. The requirement that Federal Insurance Contribution Act (FICA) tax withheld from earnings, or Self-Employment Contribution Act (SECA) tax payments made each quarter, remain unchanged.

WORK eligibility and services will remain the same; however KDHE/HCF will now operate *WORK* under the 1115 authority rather than as an ABP.

If you would like to provide written comments, please do so May 2, 2015. An in-person consultation may be requested. Request for an in-person consultation or comments may be sent to: Mary Ellen Wright, KDHE/Division of Health Care Finance, 900 S.W. Jackson Street, Room 900-N, Topeka, Kansas 66612-1220, or email mwright@kdheks.gov.

Michael Randol, Director
KDHE, Division of Health Care Finance

From: Kim Tjelmeland Sent: Fri 5/15/2015 12:00

To: 'trhodd@iowas.org'; 'tony.fee@iowas.org'; 'BWhitewater@yahoo.com'; 'Camie.Quilt@ihs.gov'; 'lester.randall@ktik-nsn.gov'; 'Zachariah.Pahmahmie@ihs.gov'; 'tim.oliver@ihs.gov'; 'paul.austin@ihs.gov'; 'liana@pbpnation.org'; 'BillThorne@pbpnation.org'; 'VSimon@pbpnation.org'; 'VOlsen@pbpnation.org'; 'DJune@sacandfoxcasino.com'; 'NKeller@sacandfoxcasino.com'; 'JJensen@sacandfoxcasino.com'; 'EGreen@sacandfoxcasino.com'; 'RBahr@sacandfoxcasino.com'; 'rgass@hunterhealthclinic.org'; 'MBase@hunterhealthclinic.org'; 'GPierce@hunterhealthclinic.org'; 'Peggy.Hankerson@ihs.gov'; 'Ben.Cloud@ihs.gov'; 'Sharon.Dawes@ihs.gov'; 'Chelsea.Anglin@ihs.gov'; 'Kevin.Meeks@ihs.gov'; 'Max.Tahsuda@ihs.gov'; 'Pamela.Strope@ihs.gov'; 'Tom.anderson@ocaithb.org'; 'Mgower59@gmail.com';

Cc: Mary Ellen Wright; Bobbie Graff-Hendrixson; Michael Randol

Subject: Tribal Notices - 1115 Waiver Amendment Employment Initiatives

Message | WORK Services.docx (22 KB)

Notice to Tribal Governments, Indian Health Programs and Urban Indian Organizations
1115 Waiver Amendment: Employment Initiatives

The Kansas Department of Health and Environment (KDHE), Division of Health Care Finance (DHCF) received the following questions during the Tribal Technical Advisory Group (TTAG) meeting held April 7, 2015 at the Landon State Office Building.

Question: The number of people who are currently on *Working Healthy (WH)* and *WORK* that are employed less than 40 hours a month?
Answer: 256.

Question: The number of Tribal members who are Supplemental Security Income (SSI) beneficiaries?
Answer: 881.

During the meeting a request was made for the state to provide a description of *WORK* services. This document is attached.

Questions or comments may be sent to: Mary Ellen Wright, KDHE/Division of Health Care Finance, 900 S.W. Jackson Street, Room 900-N, Topeka, Kansas 66612-1220, or email mwright@kdheks.gov.

Michael Randol, Director
KDHE, Division of Health Care Finance

Kim Tjelmeland
SPA and Regulation Manager
KDHE – Division of Health Care Finance
900 SW Jackson, 9th Floor North
Landon State Office Building
Topeka, KS 66612

ktjelmeland@kdheks.gov
785.291.3810

SERVICES

Personal Assistance Services

Description

Personal Assistance Services include:

- One or more persons physically assisting an individual with, or cuing/prompting an individual, to perform Activities of Daily Living (ADLs) at home and at work. ADLs include bathing, grooming, toileting, transferring, feeding, and mobility. Health maintenance activities such as monitoring vital signs, supervising and/or training others on nursing procedures, ostomy care, catheter care, enteral nutrition, assistance with or administering medicines, wound care, and range of motion may be provided, including when they are delegated by a physician or registered nurse in accordance with K.S.A. 65-6201 (b)(2)(A), and are documented in the *WORK* Needs Assessment.

- One or more persons physically assisting an individual with, or cuing/prompting an individual, with Instrumental Activities of Daily Living (IADLs) at home and in the community. IADLs include housecleaning, laundry, meal preparation, money management, lawn care/snow removal, and transportation. Assistance with IALDs is contingent upon the need for assistance with ADLS. Assistance with IADLs is not provided to members living with capable adult family members, including parents, spouses, and adult children. Assistance with IADLs is not provided for people who are performing similar tasks at their place of employment, e.g., members who are employed as kitchen workers, housekeepers or indoor/outdoor maintenance workers will not receive assistance with meal preparation and clean-up, housekeeping, or lawn care/snow removal.

- Alternative and cost-effective methods of obtaining assistance to the extent that expenditures would otherwise be used for human assistance, e.g., meal or laundry services, or purchase of equipment that decreases the need for human assistance.

Supported Employment/Individual Employment Support Services

Description

Supported Employment/Individual Employment Support Services are the supports for members who, because of their disabilities, need intensive support to maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The outcome of this service is sustained paid employment at or above the minimum wage in

an integrated setting in the general workforce. Supported Employment-Individuals Employment Support Services are individualized.

Supported Employment/Individual Employment Support Services include:

- support to learn new or evolving job responsibilities
- support to increase accuracy and/or speed
- support to exhibit appropriate work behavior
- support to interact appropriately with other employees and the general public
- support to practice safety measures at work
- transportation to and from work
- consultation, and provision of technical assistance, with the employer to deal with employment related issues and/or job related adaptations or modifications

Assistive Services

Description

WORK Assistive Services includes equipment, product systems, or environmental and home/vehicle modifications that increase health, safety and independence, and are not already provided under KanCare.

Examples of Assistive Services include:

- dentures
- home modifications to increase access in the member's home, including grab bars, raised toilet seats, roll-in showers, lowered counters
- ramps (removal of porches or decks and/or adding porches or decks are the financial responsibility of the consumer)
- emergency alert installation
- environmental control units (to control items within the home such as lights or door locks)
- electric lifts
- hearing aids and batteries
- insulin pumps and pump supplies
- low vision aids for home use
- seating and positioning in wheelchairs
- specialized wheelchairs
- wheelchair or scooter batteries and repairs
- specialized footwear (Diabetic, Orthopedic)
- beds (such as hospital), mattresses, mattress covers, bed rails used in medical situations
- cost of obtaining and replacing service dogs and other service animals;
- vehicle modifications
- services which directly assist individuals with a disability in the selection, acquisition, or use of assistive technology

Independent Living Counseling

Description

Independent Living Counseling is a service designed to assist members to self-direct their *WORK* services. Independent Living Counseling is not Targeted Case Management and the responsibilities of a *WORK* Independent Living Counselor (ILC) are not the same as a Targeted Case Manager (TCM). ILCs provide members with assistance to navigate program processes, paperwork, and budgets. ILCs may provide education, assistance and guidance with eligibility, assisting to make program choices, development of Individualized Budgets and Emergency Back-up Plans, and assistance with fiscal management services. ILCs offer information and tools, such as the on-line self-direction training, to assist members to self-direct services and manager budgets.

Independent Living Counselors (ILCs) must become completely familiar with the *WORK* Program Manual, and are responsible for knowing all program policies and procedures, as well as staying abreast of revisions to program policies and procedures, as well as conveying these to members receiving *WORK* services and/or their representatives.

PUBLIC NOTICES AND RESPONSES

Public Notice

Supplemental Security Income (SSI) Employment Support Pilot

The Kansas Department of Health and Environment (KDHE), Division of Health Care Finance (DHCF), is seeking permission from the Centers for Medicare and Medicaid Services (CMS) to amend their 1115 Demonstration waiver, KanCare, in order to include an employment pilot for individuals with disabilities. The pilot, titled the Supplemental Security Income (SSI) Employment Support Pilot, is designed to promote employment for individuals with intellectual/developmental (I/DD) and physical disabilities (PD) who are on the I/DD or PD waiver waiting lists by providing personal and employment support services for individuals who become employed. Participants in the pilot will continue to receive medical coverage through KanCare. The pilot will include up to 400 participants, and begin October 1, 2015.

Pilot services include benefits planning to assist interested individuals to make an informed choice regarding participation in the pilot, a monthly allocation to purchase personal assistance care and employment support services and Medicaid coverage. Pilot participants will be given a monthly allocation of $1,500 to purchase the services they need to live and work in the community.

In order to be eligible for the pilots, individuals must be SSI recipients {SSI cash or 1619(b)}, age 16 and above, currently on the I/DD or PD waiver waiting lists, and employed. Participants must work a minimum of 40 hours per month in a competitive, integrated setting, and earn at least Federal minimum wage. Federal Insurance Contribution Act (FICA) tax must be withheld from earnings. Self-employed individuals must have net earnings each quarter, after actual business expenses are deducted, which meet the Social Security quarterly earnings standard, and make Self-Employment Contribution Act (SECA) tax payments each quarter.

By engaging members in the workforce, and providing the services necessary to support independent living and employment, KDHE/DHCF wants to promote increased self-reliance and decreased dependence on federal and state systems, while at the same time improving health outcomes and quality of life.

Pilot measurements will include:

- lower physical and behavioral health costs
- improved health and quality of life (self-reported)
- increased earnings and taxes paid and decreased reliance on public benefits
- program satisfaction.

If you would like to provide written comments, please do so by May 2, 2015. Comments may be sent to: Mary Ellen Wright, KDHE/Division of Health Care Finance, 900 S.W. Jackson Street, Room 900-N, Topeka, Kansas 66612-1220, or email mwright@kdheks.gov.

Michael Randol, Director
KDHE, Division of Health Care Finance

Public Notice

Operation of *Working Healthy* and *Work Opportunities Reward Kansans (WORK)* Under the 1115 Demonstration Waiver and Revision of *Working Healthy* Employment Requirements

The Kansas Department of Health and Environment (KDHE), Division of Health Care Finance (DHCF), is seeking approval from the Centers for Medicare and Medicaid Services (CMS) to move its Medicaid Buy-In program, *Working Healthy*, and its Alternative Benefit Plan (ABP), *Work Opportunities Reward Kansans* (*WORK),* under its 1115 Demonstration Waiver, KanCare, effective October 1, 2015.

Eligibility requirements for *Working Healthy* will remain the same as they are currently with the following exception:

Individuals enrolling in *Working Healthy* must work a minimum of 40 hours per month in a competitive, integrated setting, and earn at least Federal minimum wage. Self-employed individuals must have net earnings each quarter, after actual business expenses are deducted, which meet the Social Security quarterly earnings standard. The requirement that Federal Insurance Contribution Act (FICA) tax withheld from earnings, or Self-Employment Contribution Act (SECA) tax payments made each quarter, remain unchanged.

WORK eligibility and services will remain the same; however KDHE/HCF will now operate *WORK* under the 1115 authority rather than as an ABP.

If you would like to provide written comments, please do so by May 2, 2015. Comments may be sent to: Mary Ellen Wright, KDHE/Division of Health Care Finance, 900 S.W. Jackson Street, Room 900-N, Topeka, Kansas 66612-1220, or email mwright@kdheks.gov.

Michael Randol, Director
KDHE, Division of Health Care Finance

Public Notice Responses

Public Notice

Supplemental Security Income (SSI) Employment Support Pilot

There were no public comments or questions regarding the SSI Employment Support Pilot.

Public Notice

Operation of *Working Healthy* and *Work Opportunities Reward Kansans (WORK)* Under the 1115 Demonstration Waiver and Revision of *Working Healthy* Employment Requirements

There were no public comments or questions regarding the Operation of *Working Healthy* and *Work Opportunities Reward Kansans (WORK)* under the 1115 Demonstration Waiver and the revision of *Working Healthy* employment requirements

Public notices can be found at the following link:

http://www.kssos.org/Pubs/register/2015/Vol_34_No_14_April_2_2015_pages_255-300.pdf

BUDGET NEUTRALITY CALCULATIONS

Empower Results®

State of Kansas Exhibit A

KanCare Program

1115 Waiver Budget Neutrality Calculation - Without Proposed Program Changes

Without Waiver (WOW) Expenditure Projections Before Changes

	2013(DY1)	2014(DY2)	2015(DY3)	2016(DY4)	2017(DY5)
ABD/SD Dual	42,320,400	42,865,338	41,065,655	41,361,328	41,659,130
ABD/SD Non Dual	382,302,236	392,590,666	387,006,485	397,276,956	407,819,987
Adults	249,593,527	316,824,585	328,828,386	352,271,554	377,386,056
Children	557,381,856	609,165,632	653,464,957	685,337,089	718,763,754
DD Waiver	410,754,888	414,542,817	415,477,785	423,114,233	430,891,039
LTC	925,950,355	944,714,317	1,000,536,453	1,051,568,554	1,105,203,534
MN Dual	23,090,453	24,676,494	20,994,988	22,065,823	23,191,276
MN Non Dual	30,738,222	27,828,092	23,346,601	24,537,388	25,788,912
Waiver	140,307,715	134,608,558	134,648,365	141,516,070	148,734,060
Total	2,762,439,652	2,907,816,498	3,005,369,674	3,139,048,995	3,279,437,748

With Waiver (WW) Expenditure Projections Before Changes

	2013(DY1)	2014(DY2)	2015(DY3)	2016(DY4)	2017(DY5)
ABD/SD Dual	51,531,317	46,636,361	48,410,950	50,222,294	52,101,411
ABD/SD Non Dual	365,515,511	412,522,700	417,074,532	432,679,793	448,868,940
Adults	235,336,492	283,767,719	276,283,405	290,690,203	305,848,244
Children	504,488,325	578,211,677	611,577,565	643,468,278	677,021,931
DD Waiver	410,955,112	428,702,912	460,374,381	477,599,749	495,469,621
LTC	684,349,948	759,578,599	818,965,592	849,608,008	881,396,942
MN Dual	19,832,125	14,907,987	8,440,990	8,756,819	9,084,464
MN Non Dual	22,838,341	24,902,434	15,284,446	15,856,329	16,449,609
Waiver	149,879,673	134,029,851	143,217,779	148,576,416	154,135,551
Total	2,444,726,844	2,683,260,239	2,799,629,641	2,917,457,888	3,040,376,712

Savings Projections Before Changes

	2013(DY1)	2014(DY2)	2015(DY3)	2016(DY4)	2017(DY5)
Total	317,712,808	224,556,259	205,740,033	221,591,108	239,061,035

Notes:

1. The WOW expenditures shown above were calculated based on WOW cost PMPM by MEG included in the 1115 waiver approval document dated 1/29/2014 and the actual membership for CY13-CY14 and projected membership for CY15-CY17.
2. The WW expenditures shown above were calculated based on actual expenditure for CY13-CY14 and projected expenditure for CY15-CY17.
3. Without the proposed program changes the WW expenditures are projected to be 92.0% of the WOW expenditures over the five year demonstration period.

Empower Results®

State of Kansas Exhibit B

KanCare Program

1115 Waiver Budget Neutrality Calculation - Changes Due to the Proposed Program Changes

Changes to WW Expenditure Projections for Working Healthy/WORK Eligibility Changes

	2013(DY1)	2014(DY2)	2015(DY3)	2016(DY4)	2017(DY5)
ABD/SD Dual					
ABD/SD Non Dual	-	-	10,270	(1,554,239)	(1,929,296)
Adults					
Children					
DD Waiver	-	-	-	209,719	288,014
LTC	-	-	-	481,120	660,739
MN Dual					
MN Non Dual					
Waiver	-	-	-	111,028	152,478
Total	-	-	10,270	(752,372)	(828,065)

Changes to WW Expenditure Projections for SSI Employment Pilot

	2013(DY1)	2014(DY2)	2015(DY3)	2016(DY4)	2017(DY5)
ABD/SD Dual	-	-	1,102,500	4,410,000	4,410,000
ABD/SD Non Dual	-	-	697,500	2,790,000	2,790,000
Adults					
Children					
DD Waiver					
LTC					
MN Dual					
MN Non Dual					
Waiver					
Total	-	-	1,800,000	7,200,000	7,200,000

Notes:

1. The proposed program changes include changes to the eligibility requirements for working healthy/work and the implementation of SSI employment pilot. Both programs will be effective 10/1/2015 and neither is expected to have an impact on without waiver expenditures.
2. The proposed removal of the age limit (65) for the working healthy/work program is assumed to add 25 more members on an annualized basis to the working healthy/work program.
3. The proposed requirement of minimum 40 working hours a month for the working healthy/work program is assumed to have the following impacts:
   a) To reduce the enrollment of current working healthy/work program by disenrolling those who work less than 40 hours a month starting 4/1/2016
   b) To increase the enrollment of current spend-down category since those disenrolled working healthy can become eligible for Medicaid through the spend-down category
   c) To shift those disenrolled WORK members who work less than 40 hours a month to other waiver programs including PD, DD, and TBI
4. The proposed SSI employment pilot program is assumed to increase expenditures to 255 current SSI duals and 145 current SSI non-duals by providing them with a $1500 monthly allocation on per member per month basis after 10/1/2015. (All participants are assumed to use the maximum allocation).
5. The proposed SSI employment pilot program is assumed to have no impact on the current waiver programs in CY2015, CY2016 or CY2017.

Empower Results®

State of Kansas Exhibit C

KanCare Program

1115 Waiver Budget Neutrality Calculation - With Proposed Program Changes

Without Waiver (WOW) Expenditure Projections After Changes

	2013(DY1)	2014(DY2)	2015(DY3)	2016(DY4)	2017(DY5)
ABD/SD Dual	42,320,400	42,865,338	41,065,655	41,361,328	41,659,130
ABD/SD Non Dual	382,302,236	392,590,666	387,006,485	397,276,956	407,819,987
Adults	249,593,527	316,824,585	328,828,386	352,271,554	377,386,056
Children	557,381,856	609,165,632	653,464,957	685,337,089	718,763,754
DD Waiver	410,754,888	414,542,817	415,477,785	423,114,233	430,891,039
LTC	925,950,355	944,714,317	1,000,536,453	1,051,568,554	1,105,203,534
MN Dual	23,090,453	24,676,494	20,994,988	22,065,823	23,191,276
MN Non Dual	30,738,222	27,828,092	23,346,601	24,537,388	25,788,912
Waiver	140,307,715	134,608,558	134,648,365	141,516,070	148,734,060
Total	2,762,439,652	2,907,816,498	3,005,369,674	3,139,048,995	3,279,437,748

With Waiver (WW) Expenditure Projections After Changes

	2013(DY1)	2014(DY2)	2015(DY3)	2016(DY4)	2017(DY5)
ABD/SD Dual	51,531,317	46,636,361	49,513,450	54,632,294	56,511,411
ABD/SD Non Dual	365,515,511	412,522,700	417,782,302	433,915,553	449,729,644
Adults	235,336,492	283,767,719	276,283,405	290,690,203	305,848,244
Children	504,488,325	578,211,677	611,577,565	643,468,278	677,021,931
DD Waiver	410,955,112	428,702,912	460,374,381	477,809,468	495,757,635
LTC	684,349,948	759,578,599	818,965,592	850,089,129	882,057,680
MN Dual	19,832,125	14,907,987	8,440,990	8,756,819	9,084,464
MN Non Dual	22,838,341	24,902,434	15,284,446	15,856,329	16,449,609
Waiver	149,879,673	134,029,851	143,217,779	148,687,443	154,288,029
Total	2,444,726,844	2,683,260,239	2,801,439,911	2,923,905,516	3,046,748,648

Savings Projections After Changes

	2013(DY1)	2014(DY2)	2015(DY3)	2016(DY4)	2017(DY5)
Total	317,712,808	224,556,259	203,929,763	215,143,480	232,689,100

Notes:

1. The WOW expenditures after changes are the same as those before changes since the proposed program changes have no impact on WOW expenditures.
2. The WW expenditures after changes were calculated to be the sum of the WW expenditures before changes and the changes due to the proposed program changes.
3. With the proposed program changes the WW expenditures are projected to be 92.1% of the WOW expenditures.

Empower Results®

State of Kansas Exhibit D

KanCare Program

1115 Waiver Budget Neutrality Calculation - PMPM without Proposed Program Changes

Without Waiver (WOW) PMPM Projections Before Changes

	2013(DY1)	2014(DY2)	2015(DY3)	2016(DY4)	2017(DY5)
ABD/SD Dual	$ 192.83	$ 192.83	$ 192.83	$ 192.83	$ 192.83
ABD/SD Non Dual	$ 1,072.16	$ 1,092.75	$ 1,113.73	$ 1,135.11	$ 1,156.90
Adults	$ 631.05	$ 661.81	$ 694.07	$ 727.90	$ 763.38
Children	$ 218.47	$ 224.30	$ 230.29	$ 236.44	$ 242.75
DD Waiver	$ 3,873.00	$ 3,915.99	$ 3,959.46	$ 4,003.41	$ 4,047.85
LTC	$ 3,488.61	$ 3,640.34	$ 3,798.66	$ 3,963.87	$ 4,136.26
MN Dual	$ 1,380.10	$ 1,440.12	$ 1,502.75	$ 1,568.11	$ 1,636.31
MN Non Dual	$ 1,785.86	$ 1,863.53	$ 1,944.58	$ 2,029.15	$ 2,117.40
Waiver	$ 2,590.95	$ 2,703.63	$ 2,821.22	$ 2,943.92	$ 3,071.96
Total	$ 693.66	$ 688.51	$ 696.69	$ 714.69	$ 733.29

With Waiver (WW) PMPM Projections Before Changes

	2013(DY1)	2014(DY2)	2015(DY3)	2016(DY4)	2017(DY5)
ABD/SD Dual	$ 234.80	$ 209.79	$ 227.32	$ 234.14	$ 241.16
ABD/SD Non Dual	$ 1,025.08	$ 1,148.22	$ 1,200.26	$ 1,236.26	$ 1,273.35
Adults	$ 595.00	$ 592.76	$ 583.16	$ 600.66	$ 618.68
Children	$ 197.74	$ 212.91	$ 215.53	$ 222.00	$ 228.66
DD Waiver	$ 3,874.89	$ 4,049.75	$ 4,387.32	$ 4,518.94	$ 4,654.51
LTC	$ 2,578.36	$ 2,926.94	$ 3,109.30	$ 3,202.58	$ 3,298.66
MN Dual	$ 1,185.35	$ 870.03	$ 604.18	$ 622.30	$ 640.97
MN Non Dual	$ 1,326.88	$ 1,667.61	$ 1,273.07	$ 1,311.26	$ 1,350.60
Waiver	$ 2,767.71	$ 2,692.01	$ 3,000.77	$ 3,090.79	$ 3,183.52
Total	$ 613.88	$ 635.34	$ 648.99	$ 664.23	$ 679.84

Empower Results®

State of Kansas Exhibit E

KanCare Program

1115 Waiver Budget Neutrality Calculation - PMPM with Proposed Program Changes

Without Waiver (WOW) PMPM Projections After Changes

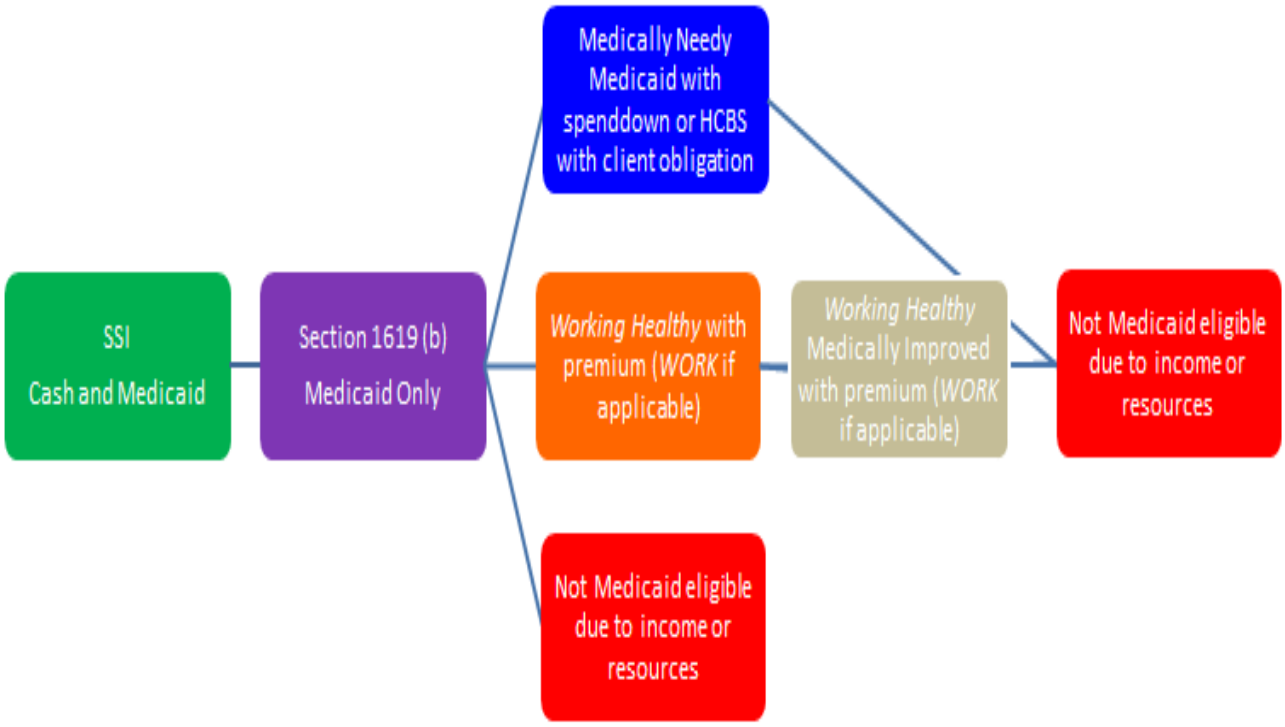
	2013(DY1)	2014(DY2)	2015(DY3)	2016(DY4)	2017(DY5)
ABD/SD Dual	$ 192.83	$ 192.83	$ 192.83	$ 192.83	$ 192.83
ABD/SD Non Dual	$ 1,072.16	$ 1,092.75	$ 1,113.73	$ 1,135.11	$ 1,156.90
Adults	$ 631.05	$ 661.81	$ 694.07	$ 727.90	$ 763.38
Children	$ 218.47	$ 224.30	$ 230.29	$ 236.44	$ 242.75
DD Waiver	$ 3,873.00	$ 3,915.99	$ 3,959.46	$ 4,003.41	$ 4,047.85
LTC	$ 3,488.61	$ 3,640.34	$ 3,798.66	$ 3,963.87	$ 4,136.26
MN Dual	$ 1,380.10	$ 1,440.12	$ 1,502.75	$ 1,568.11	$ 1,636.31
MN Non Dual	$ 1,785.86	$ 1,863.53	$ 1,944.58	$ 2,029.15	$ 2,117.40
Waiver	$ 2,590.95	$ 2,703.63	$ 2,821.22	$ 2,943.92	$ 3,071.96
Total	$ 693.66	$ 688.51	$ 696.69	$ 714.69	$ 733.29

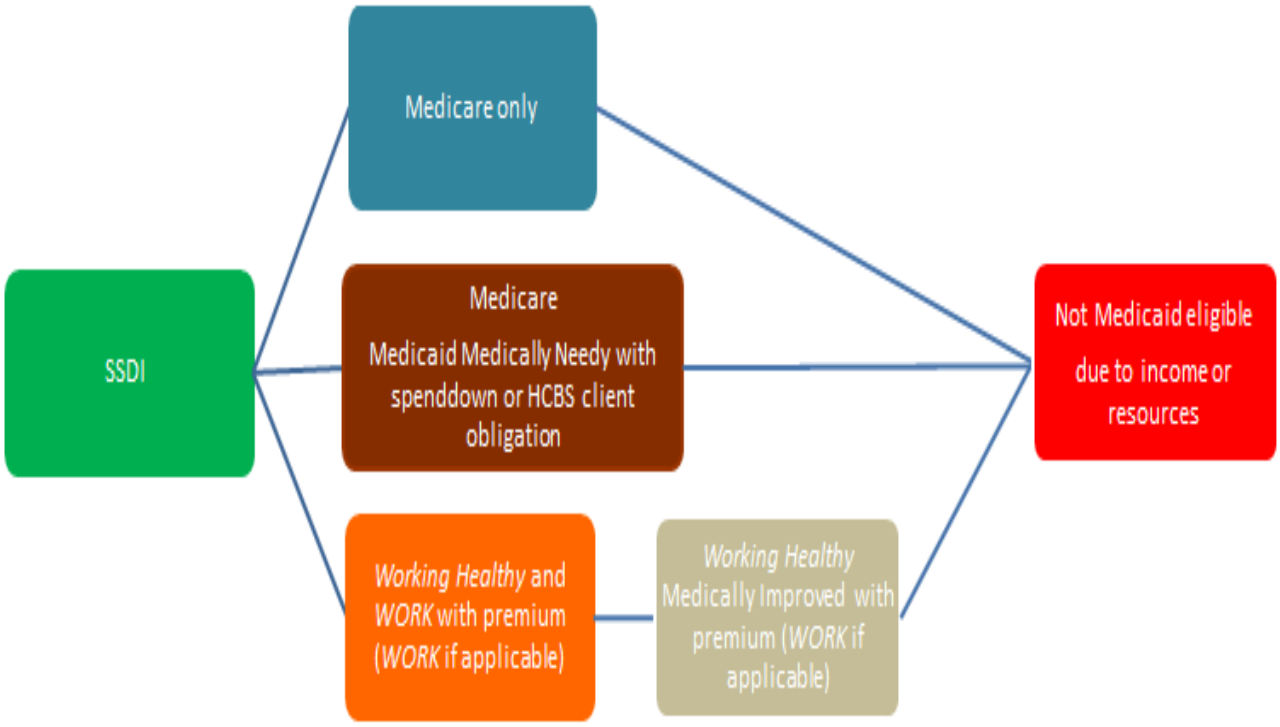
With Waiver (WW) PMPM Projections After Changes

	2013(DY1)	2014(DY2)	2015(DY3)	2016(DY4)	2017(DY5)
ABD/SD Dual	$ 234.80	$ 209.79	$ 232.50	$ 254.70	$ 261.58
ABD/SD Non Dual	$ 1,025.08	$ 1,148.22	$ 1,202.25	$ 1,243.96	$ 1,280.65
Adults	$ 595.00	$ 592.76	$ 583.16	$ 600.66	$ 618.68
Children	$ 197.74	$ 212.91	$ 215.53	$ 222.00	$ 228.66
DD Waiver	$ 3,874.89	$ 4,049.75	$ 4,387.32	$ 4,514.39	$ 4,648.30
LTC	$ 2,578.36	$ 2,926.94	$ 3,109.30	$ 3,200.16	$ 3,295.36
MN Dual	$ 1,185.35	$ 870.03	$ 604.18	$ 622.30	$ 640.97
MN Non Dual	$ 1,326.88	$ 1,667.61	$ 1,273.07	$ 1,311.26	$ 1,350.60
Waiver	$ 2,767.71	$ 2,692.01	$ 3,000.77	$ 3,087.90	$ 3,179.57
Total	$ 613.88	$ 635.34	$ 649.41	$ 665.79	$ 681.35

SSI / SSDI MEDICAID PROGRESSION

SSI / SSDI Medicaid Progression





SSI Cash and Medicaid – Supplemental Security Income (SSI) cash benefit and Medicaid. SSI recipients are categorically eligible for Medicaid without a spenddown, client obligation, or premium. In some cases there are concurrently eligible persons {i.e. persons who are eligible for both SSI and Social Security Disability Insurance (SSDI)} and these are considered SSI eligible persons for Medicaid purposes.

Section 1619(b) Medicaid only - the Section 1619(b) provision allows Medicaid to continue when a recipient has earned enough to cause the SSI cash payment to drop to $0. When earnings alone causes the SSI cash benefit to zero, and the individual would otherwise still be eligible for SSI if the earnings were completely disregarded, Medicaid may continue under 1619(b) as long as earnings are below the state threshold. For 2011, the threshold for Kansas is $35,025 per year. An individualized threshold may also be determined by Social Security if the individual's earnings are insufficient to replace SSI cash benefits, Medicaid benefits, and publicly funded personal or attendant care (i.e. HCBS) that would otherwise be lost if Medicaid ended. 1619(b) recipients are also considered to be categorically eligible for Medicaid, thus cannot be assessed a spenddown, client obligation, or premium.

The threshold mentioned above varies by state because the state's average per capita Medicaid expenses are included in the threshold calculation. The calculation is as follows: SSI Federal Benefit Rate ($674) x 2 = $1348 + $85 (income disregards are added back in) = $1433 + average per capita Medicaid expenses ($1406.25/month for Kansas) = $2839.25 x 12 months = $34,071. This may be found at https://secure.ssa.gov/apps10/poms.nsf/lnx/0502302200.

Medically Needy Medicaid with spenddown or HCBS with client obligation - Individual meets income and resource limits for Medicaid and is responsible for the spenddown amount or, for HCBS, is responsible for the client obligation as their share of the cost of care.

***Working Healthy* with premium (TWWIIA Basic)–** Individual has Social Security disability determination and meets income / resource limits for *Working Healthy* and Medicaid.

***Working Healthy* with premium (TWWIIA Medically Improved)** – Individual no longer meets Social Security disability criteria but continues to have a physical and/or behaviorally health condition.

Not Medicaid eligible due to income or resources – Individual's income or resources are too high for Medicaid eligibility.

SSDI – Individual with a disability receiving disability insurance through Social Security. Includes a cash benefit and Medicare after a 24-month waiting period. SSDI beneficiaries have a different set of medical insurance protections. The first is related to Medicare. Should a SSDI beneficiary earn enough to cause the SSDI cash benefit to zero out, Medicare may continue at least 93 months (about 7 ¾ years) beyond the end of their Trial Work Period.

Medicare only – SSDI beneficiary with Medicare only. Not receiving Medicaid for a variety of reasons.

Medicare/Medicaid Medically Needy with spenddown or HCBS client obligation – Individual is dually eligible for Medicare and Medicaid with a spenddown or HCBS client obligation associated with the Medicaid coverage. For Medically Needy Medicaid, SSDI beneficiaries may qualify if their countable resources (assets) are within eligibility limits ($2000 individual/$3000 for a couple).