

Information for the Joint Committee on HCBS Oversight September 8, 2010 Meeting

1. Our plan for dealing with the FMAP shortfall

SRS Response

The federal jobs bill includes less Medicaid funding than anticipated in the approved FY 2011 state budget. However, the total new federal funding received from the passage of the federal jobs bill (including enhanced federal match for Medicaid and aid to local public school districts) exceeds the amounts assumed in the approved FY 2011 budget by \$40 to \$50 million. The Governor has recommended that the Legislature pass a revised FY 2011 budget to replace State General Fund allocations to education with funds given through the federal Education jobs fund. This would in turn free up State General Fund dollars to fully fund the Medicaid program as originally approved by the Legislature, keeping the state budget in balance. As recommended by Governor Parkinson, SRS will factor the FMAP extension along with up to date program enrollments into our fall caseload estimates for inclusion in a revised FY 2011 budget.

2. Whether there are more incidents of ANE because of reduced services

a. Requested: The definition of/criteria for a crisis admission to a waiver

PD Waiver

The crisis criteria that were implemented December 1, 2008 are:

1. SRS APS confirmed abuse, neglect, or exploitation case; or
2. Risk of family unit dissolution (break-up) involving minor dependent child or dependent spouse; or
3. End stages of a terminal illness, and life expectancy is documented by a physician to be less than six (6) months ; or
4. Individual is the victim of domestic violence.

From February 27, 2009 until January 1, 2010 the following criteria for the exception process was used:

5. Significant, imminent risk of serious harm because the primary caregiver(s) is/are no longer able to provide the level of support necessary to meet the consumer's basic needs due to the *primary caregiver(s)*:
 - a. own disabilities;
 - b. return to full time employment;
 - c. hospitalization or placement in an institution;
 - d. moving out of the area in which the consumer lives; or
 - e. death.

Number of individuals entering PD waiver services due to ANE:

December 2008 through December 2009 – 53

January 2010 through July 2010 – 62

MR/DD Waiver

Persons who may access DD waiver services due to a crisis situation are those persons who:

- a. Require protection from confirmed abuse, neglect, or exploitation or written documentation of pending action for same; or
- b. Are at significant, imminent risk of serious harm to self or others in their current situation.

Number of individuals entering DD waiver services due to ANE:

July 2009 through December 2009 – 4

January 2010 through June 2010 – 6

3. Hospitalization resulting from lack of dental services

a. Wants expenditure information from providers about how much they spend on hospitalization

SRS Response

Information from community service providers regarding the loss of HCBS Oral Health Services: SRS worked with seven CDDOs to gather responses from providers as to how they have been handling dental services since waiver coverage was discontinued. The majority responded that either individuals were going without oral health services, working with one of the clinics in their areas that offered an income-based fee system, or the case managers were asking the CDDOs to assist through any funding they may have access to. Some stated that private pay was the only option. Some did say they were accessing services through KNI or the Marian Clinic here in Topeka, and there were also other free clinics that were brought up that were assisting as much as possible.

Some responded that there was little impact because they could not find dentist in their area that would accept Medicaid. We knew this was an issue and were working with Oral Health Kansas to provide training and education to provider.

KHPA Response

Data were pulled utilizing an aggregate data source to determine expenditures for hospitalizations coded as dental related procedures. That data are below. Aggregate data does not provide detail on why individuals may have needed or how they arrived at receipt of these services and it does not capture hospitalizations associated with untreated dental disease. That would only be possible through a labor intense review of actual individual records.

The average annual expenditure for hospitalization claims related to dental problems, for all beneficiaries, was \$830,000 for fiscal years 2007 through 2010. The largest expenditure by age group is the 22 and under category. This population's average annual expenditure was \$589,000 from 2007 to 2009, representing 70.8% of total expenditure for all ages.

Average annual expenditure for HCBS beneficiaries for fiscal years 2007 through 2010 was \$181,000. The largest expenditure by age group is again the 22 and under age group. The average annual expenditure for these beneficiaries was \$91,000 from 2007 to 2010. The 22 to 64 age group annual average expenditure was \$87,000 during that time. Chart 1 below shows the expenditure broken out by age group from 2007 to 2010.

Chart 1:

Inpatient & Outpatient Expenditures for Services Related to Dental or Tooth Problems: All Beneficiaries FY 2007-2010				
Age Group	FY 2007	FY 2008	FY 2009	FY 2010
Youth under 22 years of Age	\$ 881,179.31	\$ 403,428.89	\$ 565,405.50	\$ 504,689.42
Adults 22 to 64 Years of Age	\$ 247,569.44	\$ 175,926.06	\$ 167,460.41	\$ 294,934.42
65 and Older	\$ 42,944.65	\$ 11,546.28	\$ 3,223.44	\$ 24,205.01
Total Expenditure	\$ 1,171,693.40	\$ 590,901.23	\$ 736,089.35	\$ 823,828.85

Inpatient & Outpatient Expenditures for Services Related to Dental or Tooth Problems: HCBS Beneficiaries FY 2007-2010				
Age Group	FY 2007	FY 2008	FY 2009	FY 2010
Youth under 22 years of Age	\$ 100,312.22	\$ 76,435.64	\$ 92,863.79	\$ 94,546.61
Adults 22 to 64 Years of Age	\$ 99,510.57	\$ 63,510.09	\$ 59,931.48	\$ 125,753.37
65 and Older	\$ 4,724.03	\$ 1,283.88	\$ -	\$ 4,380.13
Total Expenditure	\$ 204,546.82	\$ 141,229.61	\$ 152,795.27	\$ 224,680.11

The most common diagnosis codes on all claims that involved dental problems were 52100 – Dental Caries NOS (Not Otherwise Specified) and 52109 – Dental Caries NEC (Not Elsewhere Classified). This aggregate data reflects expenditures for the time period for hospitalizations related to dental services, but not necessarily as a result of a lack of adequate dental care. It is noted that a 10% reduction in reimbursement is present in the data for part of fiscal year 2010. This data does *not* provide information which would lend itself to drawing conclusions regarding why the services were needed. Other information, which might be of use, regarding dental services is available in the 2009 KHPA program review on dental services located at

http://www.khpa.ks.gov/medicaid_transformation/download/2008/Chapter%203%20-%20Dental%20Services.pdf.

4. Update on sliding scale payments for waiver services and “pay as you go” – Aging and KHPA have been asked to be present for this topic

SRS Response

a.) Background of the parent fee program

In June 2002, the Kansas Legislature passed a Proviso that authorized the SRS Secretary to collect fees from parents to pay for a portion of the services provided to their children. Affected by this Proviso are parents of children whose eligibility for the Home and Community Based Services Waiver (HCBS) was determined without considering parental resources or income.

In the Parent Fee Program, parents share in the financial responsibility of providing HCBS services for their child by paying a portion of the cost. A Sliding Fee Scale was developed by SRS in conjunction with a working group that included representatives of stakeholder agencies and family members. Parents pay a set fee each month based on their family size and income, although families with incomes below

200% of the Federal Poverty Level pay nothing. While SRS will take steps to collect delinquent fees, SRS will not deny services to a child whose parents fail to pay their fee.

b.) *What programs are included in the parent fee program?*

- Autism Wavier program
- Developmental Disabilities (DD) Waiver program
- Physical Disability (PD) Waiver program
- Traumatic Brain Injury (TBI) Waiver program
- Technologically-Assisted (TA) Waiver program
- Serious Emotional Disturbance (SED) Waiver program

c.) *How much revenue is generated, by program?*

Waiver Program	SFY 2009	SFY 2010
Autism Waiver Program	N/A	\$1,330
DD Waiver program	\$138,629	\$113,688
TA Waiver program	\$7,605	\$23,293
SED Waiver program	\$101,249	\$108,080

SRS added the Autism Waiver, the TBI Waiver, and the PD Waiver to the Parent Fee program in February 2010. There are no collections shown for the TBI and PD waiver as there were no families who qualified to be assessed a fee. There is only one child on the TBI waiver and only six children on the PD waiver.

- *What is the fee scale?*



Parent_Fee_Schedule_Poverty_Level_Jar

- The current fee scale is attached.

d.) *What is the Parent Fee collections policy, including policy with respect to non-paying families?*

- During the time a child is receiving HCBS services and parent(s) fail to pay, SRS will not deny services to the child.



Collection Process from Parent Fee Prog

- An additional detail as to the collection process is attached.

5. **Delay in voluntary admissions**
 - a. **A list of MH facilities that have closed in the last 10 years**
 - b. **“Census numbers” for the last 10 years**
 - c. **Number of providers over the last 10 years**
 - d. **MH expenditures over the last 10 years**

SRS Response

Attached are charts with:

The History of Medicaid Funding for Community Inpatient Hospital Psychiatric Program

State Mental Health Hospital Admissions For The Last Ten Years

Community Hospital Inpatient Psychiatric Programs 2006 through 2010

History of Mental Health Expenditures since 2010



HISTORY OF
INPATIENT HOSPITAL



Community Hospital
Inpatient Psychiatric



History of MH
Funding for HCBS Int

6. **Additional request: A copy of the KNI/PSH Advisory Committee Report – copy for each member of the committee.**

Copies of the Report are provided along with this information.