State Profile

Summary of Care Coordination Contract Provisions for Kansas KanCare

This summary was prepared for a study of care coordination in managed long-term services and supports programs, conducted by Truven Health Analytics for the AARP Public Policy Institute.[1] Contracts from the following states were included in the study: AZ, CA, DE, FL, HI, IL, KS, MA, MN, NJ, NM, NY, OH, RI, TN, TX, VA, and WI. The full report and contract summaries from the 18 states are available at www.aarp.org/carecoordination. The full report includes a compilation of findings across the states.

Kansas Contract Provisions

Element	Contract Requirement	Summary and Notes
Care Coordination Eligibility and Choice		
1) Which members are eligible for care coordination?	Not addressed in contract	
2) Can eligible members opt out of care coordination?	Not addressed in contract	
3) Can members choose or change care coordinators?	Yes	Members may request to change care coordinators, subject to availability.
Care Coordinator Qualifications		
4) Are care coordinators required to have college or nursing degrees?	No	Contractor must specify its policy on qualifications of care coordinators.
5) Are care coordinators required to have experience in long-term services and supports or disability?	No	Contractor must specify its policy on qualifications of care coordinators.
6) Are care coordinators required to receive training?	Yes	Contractor must provide training to all its staff.
Cultural Competency of Care Coordination		
7) Are care coordinators required to speak languages other than English when the other language is used by members?	No	Care coordinators are not required to speak a second language.

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Element	Contract Requirement	Summary and Notes
Cultural Competency of Care Coordination (continued)		
8) Are translation/interpretation services required when a care coordinator does not speak a member's language?	Yes	Contractor must provide interpreter and translation services as needed.
Care Coordinator Assignments, Contact Requirements, and Role		
9) Are care coordinators with certain specialties (e.g., nursing, social work, behavioral health) assigned based on the needs of members?	Not addressed in contract	
10) Is in-person contact required and at what frequency?	Not addressed in contract	
11) Is telephonic or other remote contact required?	Not addressed in contract	
12) Must initial contact with a new member be made within a specified time period?	Yes	Contractor must contact member within 10 days of enrollment for purposes of assigning a primary care provider, and within 90 days of enrollment to conduct a health risk assessment.
13) Is an assessment required at initial enrollment?	Yes	Contractor must conduct a health risk assessment on all members within 90 days of enrollment.
14) Is reassessment required and at what frequency?	Yes	Reassessment is required at least annually.
15) Does the care coordinator authorize long-term services and supports?	Not addressed in contract	
16) If the member chooses a participant-directed option, does the care coordinator continue to provide coordination?	Yes	Care coordinator must make members aware of the option and monitor services provided under the option.
17) Does the care coordinator play a role when members use a transition program such as Money Follows the Person to move out of institutional settings?	Yes	Contractor must assist members who are candidates for transition from nursing facilities to community settings.
18) Does the member have a single point of contact who coordinates across specialized coordinators when needed (e.g., coordinates across long-term services and supports, behavioral, medical specialists)?	Not addressed in contract	
Care Coordination Role with Family Caregivers		
19) Are family caregivers asked directly about (a) their own health and well-being; (b) level of stress and feelings of being overwhelmed; (c) need for training in assisting the member; and (d) any additional services or supports needed to better carry out their roles?	Not addressed in contract	

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Element	Contract Requirement	Summary and Notes
Care Coordination Role with Family Caregivers (continued)		
20) Does the plan of care address needs of the family caregiver raised during the assessment process?	Other	The care plan should address how the care coordinator will collaborate with family members and other supporters about the member's care.
21) Are family caregivers given care coordinator contact information?	Not addressed in contract	
Care Coordination Information Tools		
22) Does the care coordinator have access to centralized member records?	Yes	Contractor must maintain a health information system that collects, analyzes, integrates, and reports data.
23) Does the care coordinator have access to an electronic care coordination program?	Yes	Contractor must maintain a system that allows individual member's screening and needs to be tracked electronically.
Care Coordination Structures, Policy, and Oversight		
24) Are care coordination caseload ratios required?	No	Contractor must ensure that caseload levels are sufficient to meet the needs of the population, but levels are not specified.
25) Does state program monitoring include a specific focus on care coordination?	Yes	State reserves the right to conduct an annual on-site audit that includes a review of care coordination.
26) Outcomes measurement: Does the model include an evaluative component, through which the outcomes of the care coordination are periodically measured?	Yes	Contractor must have a system to monitor outcomes and whether certain outcomes and goals are being achieved by the care coordinators.
27) Care coordination entity	Partners permitted	The contract neither requires nor prohibits the contractor from using subcontractors to perform care coordination.

Contract Reviewed: Contract between Kansas Department of Health and Environment and [contractor name] for Managed Care for Medicaid and CHIP Programs (KanCare) *(January 1, 2013–December 31, 2015) (includes RFP by reference).*

1 Saucier, P. and B. Burwell. 2015. *Care Coordination in Managed Long-Term Services and Supports.* AARP Public Policy Institute.

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601 E Street, NW
Washington DC 20049

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