

[Kansas Section 1115 Waiver Demonstration Summary](#)

Background

In December 2017, the State of Kansas submitted a Section 1115 demonstration renewal application for the KanCare Program to CMS. This 1115 demonstration renewal application sought a five-year extension of the current KanCare program, along with requested changes under KanCare 2.0, which include changes in service coordination through managed care, work requirements, focus on value-based purchasing, and quality improvement strategies.

On January 24, 2018 [Governor Sam Brownback and Lt. Governor Jeff Colyer announced](#) their decision to stop KanCare 2.0, addressing concerns raised by legislators and other stakeholders related to increased costs and the State's ability to absorb such costs in future budgets. The State will instead focus on making improvements under the current system, with additional plans “to implement budget neutral improvements to KanCare such as work requirements, an IMD exclusion waiver, foster care pilots, behavioral health and primary care integration and improved work opportunities.”

As of April 2018, the pending [1115 waiver posted on Medicaid.gov](#) is the waiver from December 2017 and includes the provisions of service coordination through managed care, value-based purchasing, and quality improvement strategies. With the announcement by Governor Brownback, the below summary of Kansas' 1115 waiver only includes descriptions of the work requirements, IMD exclusion, and the children in foster care pilot. As more information becomes available on the changes to Kansas' 1115 waiver, we will update this fact sheet.

1115 Waiver Elements

Work Requirements

Under KanCare 2.0, Kansas will require certain able-bodied adults between the ages of 18 through 65 to meet work requirements. KanCare members not subject to work requirements include: members receiving long-term care; members enrolled in or on the waiting list for Home- and Community-Based Services (HCBS) waiver programs; pregnant women; members with disabilities who are receiving Supplemental Security Income (SSI); caretakers for dependent children under six-years old or those caring for an individual with a disability; Medicaid beneficiaries with a retroactive eligibility period; MediKan program beneficiaries; members presumptively eligible for Medicaid; individuals only covered under a Medicare Savings Program; individuals enrolled in Programs of All-inclusive Care for the Elderly (PACE); members with TBI, HIV, or in the Breast and Cervical Cancer Program; or certain caretakers of KanCare members 65 years and older who meet specified criteria.

Members who are subject to work requirements but fail to comply can receive up to the 3 months of KanCare coverage in a 36-month period. Once members have exhausted their three-month grace period, they will be disenrolled from KanCare until compliance is achieved. (The State may extend the grace period due to natural disasters.)

If a member complies with work participation requirements for the Temporary Assistance to Needy Families (TANF) program, they will also meet KanCare 2.0 requirements. The minimum weekly requirements are 20 or 30 hours in a one-adult household (unless there is a child under the age of six), and 35 or 55 hours in two-adult households, with the maximum requirement set at 40 hours per week per individual.

Activities that meet the State's definition of work include: unsubsidized employment, subsidized public or private employment; on-the-job training; supervised community service; vocational education; supervised individual job search or job readiness community or agency workshops; job skills training or education related to employment; or secondary school attendance (i.e. GED and/or high school).

Additionally, the State is exploring a voluntary work program for individuals who apply for a disability determination through the Kansas Presumptive Medical Disability process who do not meet the Social Security Administration (SSA) guidelines for a disability determination. The State will provide a voluntary choice to MediKan members who are under the age of 65 years to pursue a disability determination from the SSA and be eligible for 12 months of MediKan, or they may discontinue pursuit of a disability determination. MediKan members who discontinue pursuit of a disability determination will receive Medicaid benefits through a KanCare MCO and will receive employment support such as job skills training for a duration of 18 months.

Time Limit

Individuals who are subject to meet the work requirements will only be eligible to receive Medicaid for 36 months. Individuals subject to work requirements and fail to meet the requirements can receive up to 3-months of KanCare coverage in the 36-month period.

IMD Exclusion Waiver Authority

The State is requesting new waiver expenditure authority to provide coverage to Medicaid-eligible individuals ages 21 through 64, who are enrolled in a Medicaid managed care organization (MCO), and who are receiving services in a publicly- or non-publicly owned Institution for Mental Disease (IMD). This amends the current exclusion of Medicaid coverage for members requiring extended inpatient psychiatric care that was longer than 15 days in a given month.

Children in Foster Care Pilot

The State seeks to implement a pilot program for children in foster care. The program would provide coordinated care, via a Person Centered Service Planning (PCSP) model, to youths who are in the State's foster care system. The goal of this program is to decrease the number of placements, reduce psychotropic medication use, and improve health outcomes.