

Kansas Department of

# **Social and Rehabilitation Services**

Janet Schalansky, Secretary

**House Social Services Budget Committee**  
January 21, 2004

**Attendant Care for Independent Living**

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**Attendant Care for Independent Living**

Madame Chair and members of the Committee, thank you for the opportunity to appear before you today. My name is Scott Brunner, and I am the SRS Director of Medical Policy and Medicaid. I am here today to talk to you about the Attendant Care for Independent Living program.

Attendant Care for Independent Living (ACIL) is a program for KAN Be Healthy participants who are chronically ill and technology dependent. The program participants require daily ongoing medical care and monitoring by trained medical personnel. Absent this level of intervention, children in the program would be institutionalized.

**Program Background**

ACIL started in the mid 1970s. The goal of the program was to provide medically-oriented home care for children and adults who would otherwise be institutionalized. In 1989 the ACIL program was divided into an adult program and a child program, and in 1990 the adult program was discontinued.

Currently the Medicaid State Plan identifies the ACIL target group as:

...children participating in the KAN Be Healthy Program and (who) are technology dependent. These individuals are under the age of 22 and require daily ongoing medical care and monitoring by trained medical personnel because of chronic disability. The chronic disability must require the routine use of a medical device to compensate for the loss of respiratory function or require the need for total parenteral nutrition. (Supplement 1 To Attachment 3.1-A, Page 5, OMB No.: 0939-0193)

The Medicaid State Plan also defines case management services for technology dependent children as consisting of:

... referral for assessment, referral for treatment based upon the assessment, and the locating, coordinating and monitoring of the provision of services. (Supplement 1 To Attachment 3.1-A, Page 5, OMB No.: 0939-0193)

Finally the Medicaid State Plan specifies that:

providers of case management services for technology dependent children must be advanced registered nurse practitioners (ARNPs).

**ACIL Program Utilization Review**

SRS works to continuously improve the Medicaid program to ensure Kansans receive the

health care services they need and that public resources are put to the best use possible. One of our continuous improvement approaches is conducting reviews in areas of the program which are experiencing cost and utilization growth at an unusual rate.

Through this routine review, SRS staff discovered some unusual growth in the ACIL program. Their analysis of the program indicated the following issues:

- Since FY 2000, the overall expenditures for the program have increased by 46.0 percent while the number of participants increased by only 8.0 percent.
- Sixty-five percent of the children receiving ACIL services do not meet the requirements established by the Medicaid State Plan. The children in this 65.0 percent use only 17.0 percent of the total ACIL costs, possibly suggesting that these children can successfully be supported in the community by other available services.
- Increasing the state's oversight of this program will ensure that eligibility criteria are adhered to for admission into the program and while reviewing ACIL services.
- The gatekeeper for access to the ACIL program, Kid-Screen, L.C., contracts with registered nurses (RNs) and some ARNPs to provide the actual case management service. ACIL case management services are designed to be provided only by ARNPs.
- The number of case management hours billed since FY 2000 continues to increase.
- Some ACIL case managers bill for travel time, which is not a billable service, and do not restrict the services they provide to those listed in the Medicaid State Plan.
- Previous changes in the home health program ensure that the beneficiary receives services at the appropriate level. Similar changes need to be incorporated into the ACIL program.
- Tier rates for services are not consistently followed.
- Less expensive home health services are available for eligible children who may be receiving ACIL services.
- The billing process needs further modification(s) to ensure that only approved ACIL services are reimbursed.
- Although physician's orders are required for ACIL services, they are often not obtained.
- Prior authorization of ACIL will avoid a duplication of services among nursing

care, attendant care, and case management.

- Children also have received both ACIL services and Home and Community-Based waiver services within the same 24 hour period, which runs contrary to both the program manual instructions and state regulations.

### **Solving the Program Issues**

SRS Medicaid staff are revising admission and utilization criteria and procedures to resolve these issues. Following are three key strategies we are using to ensure scarce resources are utilized appropriately, efficiently, and effectively.

1. The issues we have identified are related to program management. Thus we are working with Kid-Screen, L.C., which is our contracted program manager, to address each of the issues and ensure the existing program rules will be followed.
2. This spring we will implement a new assessment tool. We will first train all case managers on the proper use of the tool, and then every child receiving services will be re-assessed for program eligibility. We project every child will be re-assessed by the end of September 2004.
3. SRS staff are developing an evaluation plan which will be implemented after the above strategies are fully implemented. This will ensure both SRS and Kid-Screen have successfully improved the processes used to manage the ACIL program and that it will continue to be managed effectively in the future.

This concludes my testimony. I appreciate the opportunity to provide you with this information, and I would stand for any questions.