

Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight; HB 2025

HB 2025 amends existing law to rename and expand the scope of the Joint Committee on Home and Community Based Services and updates statutory references to be consistent with Executive Reorganization Order (ERO) No. 41. Among the amendments to the scope and organization of the Committee, the bill:

- Includes oversight of KanCare;
- Renames the Committee as the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight (Committee);
- Makes membership changes;
- Increases the number and adjusts timing of meeting days;
- Expands the information required to be provided to the Committee for consideration and inclusion in the Committee report and the standing committees to which the Committee report is provided;
- Allows for professional services requested by the Committee; and
- Allows the Committee to make recommendations and introduce legislation as deemed necessary in performing its functions.

To reflect changes made by ERO No. 41 (2012 Session), the bill also removes references to the Secretary of Social and Rehabilitation Services and changes references to the Department on Aging and the Secretary of Aging to the Kansas Department for Aging and Disability Services and the Secretary for Aging and Disability Services, respectively.

Technical amendments also are made.

Expanded Scope

Specifically, the bill provides for the following:

- In addition to existing statutory oversight, the Committee is required to monitor and study the implementation and operations of:
 - Home and Community Based Service (HCBS) programs;
 - Children's Health Insurance Program (CHIP);
 - Program for All-Inclusive Care of the Elderly (PACE); and

- State Medicaid programs, including, but not limited to, access to and quality of services provided and any financial information and budgetary issues.

Further, state agencies are required to provide the Committee with data and information on KanCare programs, including, but not limited to, pay for performance measures, quality measures and enrollment and disenrollment in specific plans, KanCare provider network data, and appeals and grievances made to the KanCare Ombudsman.

Committee Membership

Committee membership increases from nine to eleven members of the Legislature, appointed as follows:

- Two members of the House Committee on Health and Human Services appointed by the Speaker of the House of Representatives;
- One member of the House Committee on Health and Human Services appointed by the House Minority Leader;
- Two members of the Senate Committee on Public Health and Welfare appointed by the President of the Senate;
- One member of the Senate Committee on Public Health and Welfare appointed by the Senate Minority Leader;
- One member of the House Committee on Appropriations appointed by the Chairperson of that committee;
- One member of the Senate Committee on Ways and Means appointed by the Chairperson of that committee;
- One member of the House Committee on Appropriations appointed by the ranking minority member of that committee;
- One member of the Senate Committee on Ways and Means appointed by the ranking minority member of that committee; and
- One member of the House of Representatives appointed by the House Majority Leader.

Committee Meeting Days

On the call of the Committee chairperson, the Committee is required to meet at least once in January and once in April and at least once during each of the third and fourth calendar

quarters, but not to exceed six meetings a year. However, additional meetings are allowed on the call of the chairperson if urgent circumstances require such meetings. Prior to the bill, the law required at least four meeting dates each year, at the call of the Committee chairperson. Six members constitute a quorum, instead of the five members previously required.

The Legislative Coordinating Council is allowed to provide for professional services requested by the Committee.

Committee Report

In addition to submission of the Committee report to the President of the Senate and the Speaker of the House of Representatives, as required prior to the bill, the Committee report also is to be submitted to the House Committee on Health and Human Services and the Senate Committee on Public Health and Welfare. Beyond the statutorily required information to be included in the Committee report prior to the bill, the bill requires the report to include, but not be limited to, the following information on the KanCare Program:

- Quality of care and health outcomes of individuals receiving state Medicaid services under KanCare, as compared to outcomes from the provision of state Medicaid services prior to January 1, 2013;
- Integration and coordination of health care procedures for individuals receiving state Medicaid Services under KanCare;
- Availability of information to the public about the provision of state Medicaid services under KanCare including, but not limited to, accessibility to health services, expenditures for health services, extent of consumer satisfaction with health services provided, and grievance procedures, including quantitative case data and summaries of case resolution by the KanCare Ombudsman;
- Provisions for community outreach and efforts to promote public understanding of KanCare;
- Comparison of caseload information for individuals receiving state Medicaid services prior to January 1, 2013, to the caseload information for individuals receiving state Medicaid services under KanCare after January 1, 2013;
- Comparison of the actual Medicaid costs expended in providing state Medicaid services under KanCare after January 1, 2013, to the actual costs expended under the provision of state Medicaid services prior to January 1, 2013, including the manner in which such cost expenditures are calculated;
- Comparison of the estimated costs expended in a managed care system of providing state Medicaid services under KanCare after January 1, 2013, to the actual costs expended under KanCare after January 1, 2013; and

- All written testimony provided to the Committee regarding the impact of the provision of state Medicaid services under KanCare upon residents of adult care homes.

In developing the Committee report, the Committee also is required to consider the external quality review reports and quality assessment and performance improvement program plans of each managed care organization providing state Medicaid services under KanCare. The Committee report is required to be published on the official website of the Kansas Legislative Research Department.

The bill further states that Committee members are to have access to any medical assistance report (MAR) and caseload data generated by the Kansas Department of Health and Environment's Division of Health Care Finance (HCF) and to any report submitted by HCF to the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.

The Committee is allowed to make recommendations and introduce legislation as it deems necessary in performing its functions.