

Breakout Session #1

Breakout Session #1 will discuss the consolidated questions related to Quality Assurance, Care Coordination, No Access, Pregnancy Outcomes and Setting of Choice.

Background:

In January-February 2019, Stakeholder Working Group (SWG) members submitted individual questions about KanCare via an online survey. The questions could relate to specific “domains” (e.g., quality of care) included in the KanCare annual report or could be other questions of interest about KanCare. More than 90 questions were submitted.

In February-March 2019, three partner organizations conducted a consumer engagement pilot. Each organization asked consumers a set of seven questions, with some adding additional questions. The SWG design team then analyzed consumer responses and grouped them into themes. The full pilot results and themes can be found here:

https://www.khi.org/assets/uploads/news/14860/2019.05.17_consumer_engagement_pilot_themes.pdf

In April 2019, SWG leadership sorted similar consumer engagement themes and individual SWG questions into groups. For each grouping, leadership drafted “consolidated questions” to draw together common ideas, which were reviewed and modified by the full SWG in May 2019. The SWG settled on 19 consolidated questions.

At the end of May 2019, the SWG completed a survey to assess the consolidated questions against a set of seven criteria. Criteria included items such as “important to consumers,” “actionability” and “number of people impacted.” The survey results were then reviewed by the SWG on June 13, 2019. In that meeting, the SWG used the survey results to prioritize the consolidated questions by splitting them into two tiers. While all questions were considered important by the SWG, the consolidated questions in the first tier (9 questions total) represent the initial priority questions for review by the DRWG.

This document includes the nine first-tier consolidated questions and the underlying consumer engagement themes (bulleted with “Consumer Engagement Theme” before the theme) and individual questions (bulleted with “SWG” before the question number) for context. The consolidated questions are sorted by how they scored in the May 2019 survey completed by the SWG, with the consolidated question with the highest score listed first, and the question with the lowest score listed last.

When DRWG met on July 12, they decided to refine the initial, consolidated questions from SWG as more precise research questions and pair those refined questions with possible measures. DRWG has now drafted those questions and measures and is seeking feedback on this work from the SWG before additional assessment is conducted.

Discussion Questions

1. Does the refined question still capture the priority of the SWG, or does it need to be modified?
2. Do the potential measures listed provide the type of information the SWG is interested in?

Table 3. Quality Assurance

Consolidated Question & Individual Questions and Consumer Engagement Themes
C3. Quality Assurance. Are quality assurance measures in place to ensure that individuals receive the level of services they need?
<ul style="list-style-type: none"> • Consumer Engagement Theme: Living in Community, Independence, Quality of Life
<ul style="list-style-type: none"> • 67. Are people achieving their vision of a "good life" under KanCare?
<ul style="list-style-type: none"> • 68. Quality of life measures should assess the delay of complications from life either through conditions, disorders, disease or aging. I do not know enough about the data set to propose a specific question.
<ul style="list-style-type: none"> • 51. Are people with more significant disabilities more likely to remain in nursing homes vs in the community? Has this changed from pre-KanCare trends?
<ul style="list-style-type: none"> • 33. What are the health care conditions that are impacted by personal care assistance; i.e. capability to self-administer drugs.
<ul style="list-style-type: none"> • 10. How does the number of individuals self-directing their care compare to pre-KanCare?
<ul style="list-style-type: none"> • 5. For individuals deemed eligible for HCBS in home supports, what is the number of approved plans of care with 20 or fewer hours per week attendant care services?
<ul style="list-style-type: none"> • 88. Does KanCare/HCBS support community involvement and social supports?

Quality Assurance: Research Question & Measure(s)

C3. Quality Assurance. Are quality assurance measures in place to ensure that individuals receive the level of services they need?

RC3a. Have KanCare members received the level of services they need?

RC3b. Have KanCare members received good quality of care?

RC3c. How have KanCare members felt about quality of life?

Refined as Research Question(s)	Possible Data Sources and Measure(s)	Note
RC3a. Have KanCare members received the level of services they need?	<p>CAHPS</p> <p>Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?</p> <p>How often was it easy to get the care, tests, or treatment you (your child) needed?</p>	<p><i>Regarding the performance measures referenced from the HCBS Quality Review Report, these are current measures and may not be</i></p>

	<p><u>KDADS HCBS Quality Review Report</u> Service Plan PM1 - Number and percent of waiver participants whose service plans address participants' goals Service Plan PM2 - Number and percent of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment Service Plan PM4 - Number and percent of waiver participants whose service plans were developed according to the processes in the approved waiver Service Plan PM7 - Number and percent of waiver participants with documented change in needs whose service plan was revised, as needed, to address the change Service Plan PM8 - Number and percent of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan Service Plan PM9 - Number and percent of survey respondents who reported receiving all services as specified in their service plan</p> <p><u>HEDIS</u> HCBS population with increased preventive care and dental care, and decreased ED visits</p> <p><u>HCBS CAHPS</u> Upcoming measures - Getting needed services</p> <p><u>Mental Health (Adult/Child) Survey</u> My mental health providers were willing to see me as often as I felt was necessary I was able to see a psychiatrist when I wanted to I was able to get all the services I thought I needed During a crisis, I was able to get the services I needed The crisis services were available as soon as I needed My family got as much help as we needed for my child I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).</p>	<p><i>collected on an ongoing basis. Specifically, the measures related to the number and percent of waiver participants whose service plans were revised as needed, who received services in the type, scope, amount and duration as indicated in their plan and those reporting receiving services as specified in their plans.</i></p> <p><i>Also note that approx. 400 I/DD waiver members are surveyed annually for the NCI – IDD measures. Additionally, approx. 400 surveys are completed annually for the NCI – Aging and Disability measures. Effective 2019 only PD, FE and TBI waiver members are included as the Older Americans Act and Senior Care Act will be removed from the survey sample.</i></p> <p><i>The sampling frame for NCI-IDD and NCI-AD measures mainly includes HCBS waiver participants. Considering an alternate sampling approach to</i></p>
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	<p><u>National Core Indicators – IDD</u> Additional services needed (select from list) Families/family members with disabilities receive adequate and satisfactory supports. Proportion of people who reported that their services and supports are helping them to live a good life</p> <p><u>National Core Indicators – Aging and Disabilities</u> Proportion of people whose services meet all their needs and goals Proportion of people whose case manager/care coordinator talked to them about services that might help with any unmet needs and goals (if applicable) Proportion of people who have had needed health screenings and vaccinations in a timely manner (e.g., vision, hearing, dental, etc.) Proportion of people who can get an appointment with their doctor when they need to Proportion of people who have access to mental health services when they need them</p>	<p><i>represent Kansans with disabilities is an example of an interest of DRWG members.</i></p>
<p>RC3b. Have KanCare members received good quality of care?</p>	<p><u>Physical Health - HEDIS</u> Adults’ Access to Preventive/Ambulatory Health Services (AAP) Annual Dental Visit (ADV) Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) Prenatal and Postpartum Care (PPC) Chlamydia Screening in Women (CHL) Adult BMI Assessment (ABA) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) Follow-Up after Hospitalization for Mental Illness (FUH) Follow-Up Care for Children Prescribed ADHD Medication (ADD) Adolescent Well-Care Visits (AWC) Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34) Well-Child Visits in the First 15 Months of Life (W15)</p>	<p><i>The sampling frame for NCI-IDD and NCI-AD measures mainly includes HCBS waiver participants. Considering an alternate sampling approach to represent Kansans with disabilities is an example of an interest of DRWG members.</i></p>

	<p>Controlling High Blood Pressure (CBP) Comprehensive Diabetes Care (CDC) Appropriate Testing for Children with Pharyngitis (CWP) Medication Management for People with Asthma (MMA) Annual Monitoring for Patients on Persistent Medications (MPM) Appropriate Treatment for Children with Upper Respiratory Infection (URI)</p> <p><u>National Core Indicators – IDD</u> Had a complete physical exam in the past year Had a dental exam in the past year Had an eye exam in the past year Had a hearing test in the past five years Had a pap test in the past three years Had a mammogram test in the past two years Last colorectal cancer screening Had a flu vaccine in the past year Exercises or does physical activity at least 3 times per week Body Mass Index (BMI) category Uses tobacco products</p> <p><u>National Core Indicators – Aging and Disabilities</u> Proportion of people who have had a physical exam or wellness visit in the past year Proportion of people who have had a hearing exam in the past year Proportion of people who have had a vision exam in the past year Proportion of people who have had a flu shot in the past year Proportion of people who have had a routine dental visit in the past year Proportion of people who have had a cholesterol screening in the past five years</p>	
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	<p><u>SUD Services – Kansas Client Placement Criteria (KCPC) (National Outcome Measurement System [NOMS])</u></p> <p>The number and percent of members receiving SUD services whose living arrangements improved</p> <p>The number and percent of members receiving SUD Services whose criminal justice involvement decreased</p> <p>The number and percent of members receiving SUD services with decreased drug and/or alcohol use</p> <p>The number and percent of members receiving SUD services whose attendance of self-help meetings increased</p> <p>The number and percent of members receiving SUD services whose employment status was improved or maintained</p> <p><u>Data Reported by Community Mental Health Centers (CMHCs), KDADS and/or Pay for Performance</u></p> <p>The number and percent of KanCare adults with SPMI with access to services</p> <p>The number and percent of KanCare youth who had access to services experiencing SED</p> <p>The number and percent of SED Youth who experienced improvement in their residential status</p> <p>The number and percent of youth experiencing SED who maintained their residential status</p> <p>The number and percent of KanCare youth receiving MH services (SED/CBS) with improvement in their Child Behavior Checklist (CBCL Competence T-scores)</p> <p>The number and percent of KanCare adults, diagnosed with SPMI, who were competitively employed</p> <p>The number and percent of members with SPMI homeless at the beginning of the reporting period that were housed at the end of the reporting period</p> <p>The number and percent of members utilizing inpatient mental health services</p>	
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	<p><u>Long-Term Care Nursing Facilities – Pay for Performance</u> Percentage of NF members who had a fall with a major injury Percentage of members discharged from a NF who had a hospital admission within 30 days</p>	
<p>RC3c. How have KanCare members felt about quality of life?</p>	<p><u>Mental Health (Adult) Survey</u> As a direct result of the services I received:</p> <ul style="list-style-type: none"> - I deal more effectively with daily problems - I am better able to deal with crisis. - I am better able to control my life. - I am getting along better with my family - I do better in social situations - I do better in school and/or work - My housing situation has improved - My symptoms are not bothering me as much - I do things that are more meaningful to me - I am better able to take care of my needs - I am better able to handle things when they go wrong - I am better able to do things that I want to do - I am happy with the friendships I have - I have people with whom I can do enjoyable things - I feel I belong in my community - In a crisis, I would have the support I need from family or friends - My mental health providers helped me obtain information I needed so that I could take charge of managing my illness. <p><u>Mental Health (Child) Survey</u> As a direct result of the services my child and/or family received:</p> <ul style="list-style-type: none"> - My child is better at handling daily life. - My child gets along better with family members - My child gets along better with friends and other people - My child is doing better in school and/or work - My child is better able to cope when things go wrong - I am satisfied with our family life right now 	<p><i>The sampling frame for NCI-IDD and NCI-AD measures mainly includes HCBS waiver participants. Considering an alternate sampling approach to represent Kansans with disabilities is an example of an interest of DRWG members.</i></p>

	<ul style="list-style-type: none">- I know people who will listen and understand me when I need to talk- I have people I am comfortable talking with about my child's problems- In a crisis, I would have the support I need from family and/or friends- I have people with whom I can do enjoyable things- As a direct result of the services my child and/or family (I) received, my child is (I am) better able to do things he or she wants (I want) to do. <p><u>KFMC KanCare Evaluation Report</u> Number of Person-Centered Care Homes as recognized by the PEAK program (Promoting Excellent Alternatives in Kansas) for nursing facilities in the MCO network.</p> <p><u>National Core Indicators – IDD</u> Decides or has help deciding their daily schedule Chooses or has help deciding how to spend free time Able to go out and do things likes to do in the community Has a paid job in the community and likes job Services and supports help person live a good life</p> <p><u>National Core Indicators – Aging and Disabilities</u> Proportion of people who are as active in the community as they would like to be Proportion of people who get up and go to bed at the time when they want Proportion of people who can eat their meals when they want Proportion of people who like where they are living</p>	
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Table 4. Care Coordination

Consolidated Question & Individual Questions and Consumer Engagement Themes
C13. Care Coordination. Are care coordination services (i.e., any services to help coordinate care; not limited to MCO-defined services) available for consumers who need it? Are care coordination services effective for those who have received them?
<ul style="list-style-type: none"> • SWG 22. Are there common characteristics associated with children/youth entering psychiatric treatment residential facilities (PRTF)? Who's being screened out from entering PRTFs?
<ul style="list-style-type: none"> • SWG 56. Who is helping children/youth with behavioral health conditions receive services, such as getting into psychiatric residential treatment facilities (PRTF)?
<ul style="list-style-type: none"> • SWG 59. I think there are a lot of questions surrounding coordination of care, especially with regard to LTSS (re: I/DD waiver). Is coordination of care best implemented on an MCO level or on a local level via Targeted Case Manager like in the I/DD waiver?
<ul style="list-style-type: none"> • SWG 61. Who is ensuring follow-up visits when transitioning between types of care (for example; inpatient, specialty care, or post-partum)?
<ul style="list-style-type: none"> • SWG 64. It might be important to determine how many of the youth with behavioral health conditions are in state custody (DCF/Corrections) and who helps coordinate THOSE services vs. youth with behavioral health conditions NOT in custody, etc.
<ul style="list-style-type: none"> • SWG 39. How do results provided in the Mental Health Survey correlate to services provided?

Care Coordination: Research Question & Measure(s)

C13. Care Coordination. Are care coordination services (i.e., any services to help coordinate care; not limited to MCO-defined services) available for consumers who need it? Are care coordination services effective for those who have received them?

RC13a. Are KanCare consumers receiving individually coordinated health, community and social supports when needed? (overall and by identified population categories)

RC 13b. Do KanCare consumers receiving individually coordinated health, community and social supports experience continuity, security and improved or stable health outcomes? (overall and by identified population categories)

Refined as Research Question(s)	Possible Data Sources and Measure(s)	Note
RC13a. Are KanCare consumers receiving individually coordinated health, community and social supports when needed? (overall and by identified population categories)	<p>CAHPS For CCC: anyone from health plan, doctor's office/clinic help coordinate child's care among different providers or services.</p>	

	<p><u>HCBS CAHPS</u> <u>MCO Care Coordinator:</u> Rating of help received from MCO Care Coordinator Would you recommend this care coordinator <u>Targeted Case Manager</u> for I/DD Waiver, include all the same questions as those for the MCO Care Coordinator</p> <p><u>HEDIS</u> HEDIS gaps in care reports may capture follow-up visits and transitions in care</p> <p><u>MCOs</u> MCOs are gathering information about children waiting for PRTF placement for KDADs Will include the number waiting, length of wait and what services are being provided while the child is waiting (56, 64, 22).</p> <p><u>KFMC KanCare Evaluation Report</u> The number and percent of KanCare member waiver participants who had assessments completed by the MCO that included physical, behavioral, and functional components to determine the member's needs</p> <p><u>National Core Indicators – AD, IDD</u> Has met case manager or knows whom to contact Able to contact case manager when s/he wants</p>	
<p>RC13b. Do KanCare consumers receiving individually coordinated health, community and social supports experience continuity, security and improved or stable health outcomes? (overall and by identified population categories)</p>	<p><u>CAHPS</u> Doctor informed and up to date about care received from other providers For CCC: Did you get help needed from child's doctors or providers in contacting child's school or daycare.</p> <p><u>HCBS CAHPS</u> <u>MCO Care Coordinator:</u> Do you know who MCO care coordinator is Could you contact them when needed</p>	<p><i>The evaluation measures for KanCare 2.0 have not yet been finalized. The measures that are listed here are anticipated to be collected and available.</i></p>

	<p>Work with you when asked for help getting or fixing equipment Help in getting changes in service, or help getting places or finding a job <u>Targeted Case Manager</u> for I/DD Waiver, include all the same questions as those for the MCO Care Coordinator</p> <p><u>KanCare 2.0 Evaluation Study</u> – <i>to be approved yet by CMS</i> Overall Service Coordination Strategy of integrating physical and behavioral health services: study of intervention group (members meeting a Health Risk Assessment threshold and receiving intensive service coordination) and comparison groups. OneCare Kansas program: study of intervention group (members eligible for OneCare Kansas and opting to participate) and comparison groups. Value-Based Provider (VBP) Incentive Program – study of intervention group (members seen by providers who participated in VBP program)</p> <ul style="list-style-type: none">- Potential Care Coordination measures:- Annual Dental Visits (HEDIS)- Adults' Access to Preventive/ Ambulatory Health Services (HEDIS)- Adolescent Well-Care Visits (HEDIS)- Follow-Up After Mental Health Hospitalization (HEDIS)- Initiation and Engagement of Alcohol and Other Drug Dependence (HEDIS)- Anti-Depressant Medication Management (HEDIS)- ED visits, observation stays, or inpatient admissions for following conditions (Administrative) that could be sign of chronic concerns not well managed/coordinated:<ul style="list-style-type: none">o Diabetic Ketoacidosis/ Hyperglycemia, oro Acute severe asthma, oro Hypertensive crisis, oro Fall injuries, oro SUD, oro Mental health issues	
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	<ul style="list-style-type: none">- Outpatient or professional claims for following conditions (Administrative) that could be sign of chronic and/or preventive care not well managed/coordinated:<ul style="list-style-type: none">o Diabetic retinopathy, oro Influenza, oro Pneumonia, oro Shingles- Emergency department visits (Administrative)- Inpatient Admissions, excluding maternity admissions (HEDIS) <p><u>SUD Survey</u> Has your counselor requested a release of information for the other substance abuse counselor who you saw? Has your counselor requested a release of information for and discussed your treatment with your medical doctor?</p> <p><u>National Core Indicators – AD, IDD</u> Case manager/care coordinator talked to them about services that might help with any unmet needs and goals Proportion of people discharged from the hospital or LTC facility who felt comfortable going home. Proportion of people making a transition from hospital or LTC facility who had adequate follow-up. Proportion of people who know how to manage their chronic conditions.</p>	
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Table 6. No Access

Consolidated Question & Individual Questions and Consumer Engagement Themes
C8. No Access. What are the outcomes associated with individuals who cannot access care?
<ul style="list-style-type: none"> N/A. (This question was added in a later SWG discussion.)

No Access: Research Question & Measure(s)

C8. No Access. What are the outcomes associated with individuals who cannot access care?

RC8. This question requires further guidance, see below for details.

Refined as Research Question(s)	Possible Data Sources and Measure(s)	Note
<p>This question requires further guidance, three possible interpretations of what it means to be unable to access care are:</p> <ul style="list-style-type: none"> No [Medicaid] eligibility <ul style="list-style-type: none"> Application denied Member refused coverage Member did not recertify No provider available in service area <ul style="list-style-type: none"> Statewide provider shortage Network inadequacy No provider capacity in service area <ul style="list-style-type: none"> Providers exist in area, but not enough to serve member need <p>Outcomes: potentially use admits/k and ER/k</p>	<p><u>Claims Data</u> What is ER utilization (visits / K) for the comparison populations? What is inpatient utilization (admits/K) for the comparison populations?</p> <p><u>Medical Record Review and Claims Data</u> Service codes authorized, but no corresponding claim? Service codes authorized, but not all units billed on a claim? Plan of care documented need, but no services authorized.</p>	

Resources:

<https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

<https://www.ruralhealthinfo.org/topics/healthcare-access>

Table 7. Pregnancy Outcomes

Consolidated Question & Individual Questions and Consumer Engagement Themes
C7. Pregnancy Outcomes. How does KanCare impact pregnancy outcomes? (maternal mortality, infant mortality)
<ul style="list-style-type: none">• 81. What is the frequency of low-weight births?
<ul style="list-style-type: none">• 82. How does the frequency of low-weight births relate to when eligible mothers began receiving health care?
<ul style="list-style-type: none">• 83. What are the outcomes associated with low-weight births?
<ul style="list-style-type: none">• 84. What are the inputs associated with low-weight births? How does racism relate to low-weight births/preterm births/infant mortality?
<ul style="list-style-type: none">• 85. How many babies are born with neonatal abstinence syndrome?
<ul style="list-style-type: none">• 85b. It would be good to have maternal mortality information, as well.
<ul style="list-style-type: none">• 85c. Overall mortality and premature death - all ages is good to know; how does this compare to the general population?

Pregnancy Outcomes: Research Question & Measure(s)

C7. Pregnancy Outcomes. How does KanCare impact pregnancy outcomes? (maternal mortality, infant mortality)

RC7. Have members enrolled in KanCare shown improved pregnancy outcomes?

Refined as Research Question(s)	Possible Data Sources and Measure(s)	Note
<p>Have members enrolled in KanCare shown improved pregnancy outcomes?</p>	<p>Claims Data Birth weight (claim – diagnosis codes) Gestational Age (claim – diagnosis codes) Length of Stay (claim – service from/through dates) Rate of Infant Morality (eligibility record– dates of birth/death) Rate of Maternal Mortality (eligibility – dates of birth/death) NAS diagnosis at birth (claim – diagnosis codes) SUD treatment during pregnancy (claim – procedure codes) NICU admission at birth by NICU tier (claim – procedure codes, revenue center codes)</p> <p>HEDIS HEDIS PPC measure (HEDIS)</p> <p>Within each measure break out by: Race/ethnicity Primary Language County Urban/Rural/Frontier</p>	

Resources:

<https://www.who.int/whosis/whostat2006NewbornsLowBirthWeight.pdf>

<https://www.who.int/news-room/fact-sheets/detail/preterm-birth>

<https://www.marchofdimes.org/complications/low-birthweight.aspx>

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

Table 9. Setting of Choice

Consolidated Question & Individual Questions and Consumer Engagement Themes
C2. Setting of Choice. Does KanCare improve enrollees' ability to live independently in the community setting of their choice?
<ul style="list-style-type: none"> • Consumer Engagement Theme: Living in Community, Independence, Quality of Life
<ul style="list-style-type: none"> • 67. Are people achieving their vision of a "good life" under KanCare?
<ul style="list-style-type: none"> • 68. Quality of life measures should assess the delay of complications from life either through conditions, disorders, disease or aging. I do not know enough about the data set to propose a specific question.
<ul style="list-style-type: none"> • 51. Are people with more significant disabilities more likely to remain in nursing homes vs in the community? Has this changed from pre-KanCare trends?
<ul style="list-style-type: none"> • 33. What are the health care conditions that are impacted by personal care assistance; i.e. capability to self-administer drugs.
<ul style="list-style-type: none"> • 10. How does the number of individuals self-directing their care compare to pre-KanCare?
<ul style="list-style-type: none"> • 5. For individuals deemed eligible for HCBS in home supports, what is the number of approved plans of care with 20 or fewer hours per week attendant care services?
<ul style="list-style-type: none"> • 88. Does KanCare/HCBS support community involvement and social supports?

Setting of Choice: Research Question & Measure(s)

C2. Setting of Choice. Does KanCare improve enrollees' ability to live independently in the community setting of their choice?

RC2. Independent Living/Setting of Choice. Are KanCare Waiver participants' living more independently, by living in their setting of choice and participating in their desired levels of community activities, employment, and socialization.

Refined as Research Question(s)	Possible Data Sources and Measure(s)	Note
<p>RC2. Independent Living/Setting of Choice. Are KanCare Waiver participants' living more independently, by living in their setting of choice and participating in their desired levels of community activities, employment, and socialization.</p>	<p><u>KanCare 2.0 Evaluation Study:</u> Final list of outcomes will be determined based on data availability:</p> <ul style="list-style-type: none"> - Current employment status - # of members who felt they were employed based on their skills and knowledge (If employed) - Increased stable housing – # of addresses member lived in the past year. - Decreased current legal problem (e.g., probation, parole, arrests) - # of days in the community - # of members worried about paying bills - Decreased ED visits - Decreased inpatient hospitalizations <p><u>KDADS HCBS Quality Review Report</u> PM 12 - Number and percent of waiver participants whose record contains documentation indicating a choice of community-based services v. an institutional alternative PM 13 - Number and percent of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care</p> <p><u>SUD Services – Kansas Client Placement Criteria (KCPC) (National Outcome Measurement System [NOMS])</u></p> <p>Number and percent of members receiving SUD services who were in stable living situations at discharge Number and percent of members discharged from SUD services who were employed</p>	<p><i>The evaluation measures for KanCare 2.0 have not yet been finalized. The measures that are listed here are anticipated to be collected and available.</i></p>

	<p><u>MH Services – Kansas Client Placement Criteria (KCPC)</u> <u>(National Outcome Measurement System [NOMS])</u></p> <p>Number and percent of KanCare Adults, diagnosed with SPMI, who were competitively employed Number and percent of adults with SPMI who were homeless at the beginning of the reporting period that were housed by the end of the reporting period</p> <p><u>KDADS HCBS Quality Review Report</u></p> <p>Number of KanCare members receiving PD or TBI waiver services who are participating in the Work Opportunities Reward Kansans (WORK) program</p>	
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