KanCare CY23 Rate Development Narrative

Updates reflected in red. Please see response to question #186 for additional information.

Background

The January 2023 – December 2023 (CY23) KanCare rates are based on January 2021 – December 2021 (CY21) data, and reflect all known policies related to the KanCare program with effective dates within CY23. The KanCare program covers all services, including: physical health, behavioral and mental health, pharmacy, vision, transportation, dental, nursing facility, and Long Term Services and Supports (LTSS). The base data is comprised of encounter data from CY21, along with supplemental amounts from the current MCOs that were not included in the reported encounter data. The remainder of this document briefly describes each of the components of the rate development.

Base Data

Optumas used the following data, received from the State, to develop the CY23 capitation rates. The following data sources include all populations and services covered under the KanCare program.

- KanCare claim-level encounters for dates of service 1/1/2021 – 12/31/2021 (CY21).
- KanCare member-level capitation and eligibility files for dates 1/1/2021 – 12/31/2021 (CY21).
- This file includes the member-level monthly patient liability and share of cost that is included within rate setting.
- WORK monthly supplemental payments for 1/1/2021 – 12/31/2021 (CY21).

Each MCO submitted financial information to the State for dates of service 1/1/2021 – 12/31/2021 (CY21) paid through March 2022. These reported financials were used to validate and supplement the submitted encounter data.

Optumas reviewed the data and determined that it was appropriate for the covered services and populations in the KanCare program. The following adjustments were made to the data:

- As part of the KanCare contract each MCO is required to, at a minimum, reimburse all providers for all services at the State FFS fee schedule. Per CMS and the Final Rule that was approved on July 6, 2016, this contractual requirement is considered a directed payment per 42 CFR 438.6(c). The State has submitted the required preprint documentation for this payment requirement. As this has been a requirement since the inception of KanCare in 2013, and this requirement is assumed to continue via the pending 438.6(c) preprint, Optumas has reflected the minimum fee schedule requirement in the capitation rates. This was captured via the encounter data and supplemental financial data used to develop the CY23 capitation rates since it reflected the minimum fee schedule during the CY21 base period. Any changes to the State FFS fee schedule that occurred

during the CY21 base data period through the CY23 contract period have been captured through programmatic changes that are outlined in below sections.

- For the Spend Down rating cohorts, the State will utilize the Regular Method, therefore the recipient's liability has been excluded from the data.
- Only State Plan Services covered under KanCare have been included in the data.
- Disproportionate Share Hospital payments are not part of the KanCare program and therefore are not included in the data.
- The data is net of third-party liability.
- KanCare covers periods of retroactive eligibility up to 90 days prior to a member's enrollment in a health plan. This coverage is consistent with how the program has been operationalized since its inception. The cost and enrollment for these members is included in the base data received from the State.
- For FQHCs and RHCs, the data reflects the Alternative Payment Methodology (APM) rate, which is equal to or higher than their Prospective Payment System (PPS) rate.
- Adjustments to account for Incurred but Not Reported (IBNR) and underreporting are discussed in additional detail provided below.
- The base data includes costs for in lieu of services provided by the MCOs. These costs are approximately $16.5M in CY21 and the majority are for personal care services provided to avoid hospital or nursing facility stays. These services fall into the HCBS category of service and represent 1.8% of this service. There is no difference between the projection of in lieu of services and all other services.
- MCOs are responsible for ensuring that Mental Health parity regulations are followed, and no adjustment has been made to the encounter data for Mental Health parity.
- MCO Value Added Services (VAS) were removed from the data and totaled $3.6M in CY21.
- The CY21 base data excludes State IMD admissions for mental health. Admissions to an IMD for SUD diagnoses are included, and are discussed in further detail in the applicable sections.
- KanCare members are not required to pay copayments, coinsurance, or deductibles for State Plan covered services provided via managed care. The plans are therefore not responsible for collecting any cost sharing, and no adjustment for cost sharing was necessary.

Base Data Adjustments

Optumas performed various validations on the base data to ensure only State Plan services were included. The validations resulted in adjustments being made to remove MCO Value Added Services (VAS) and mental health admissions in an Institution for Mental Disease (IMD). These amounts were removed from the base data as part of the data validation process, and prior to the additional adjustments outlined below. These amounts are also excluded from the detailed claims data provided to Bidders.

Substance Use Disorder (SUD) related admissions to a SUD IMD are included as those are covered under the KS SUD IMD 1115 waiver.

Incurred But Not Reported (IBNR) and Underreporting

Optumas first completed the financial information provided by the MCOs for Incurred But Not Reported (IBNR) claims. Claim payment lags were provided by the MCOs by category of service, and were used to develop the IBNR factors by category of service. **Optumas**' estimate of IBNR was validated against the estimates of the MCOs to ensure consistency.

The CY21 encounter data was completed for IBNR based on the above claim payment lags. The aggregate CY21 IBNR factor is 0.980, translating to an increase of $64.1M.

The encounter data was then adjusted for underreporting. This was done by comparing the encounter data to the financial data submitted by each MCO that was completed for IBNR for the same time period, populations, regions, and services. The aggregate CY21 underreporting factor is 0.984. This translated to an increase of $54.1M for CY21.

Supplemental Data

The base data was adjusted to reflect supplemental payments made outside of the encounter data for State Plan services. The only supplemental payment outside of the encounter data are payments made to members in the WORK program, which are all captured in the WORK rate cell. Members in this program are provided monthly supplemental amounts that they can use to pay for HCBS-type services, and these supplemental amounts are captured in the "HCBS Services" medical expenditures for these members.

WORK members are also provided a financial manager to help them manage their funds via Financial Management Services (FMS). The fees for these services are captured in the non-medical loading assumption for the WORK population.

The amounts for these services were provided in the MCO financial information for the CY21 time period.

Share of Cost (SOC)

Members receiving nursing facility or HCBS services may be subject to paying for a portion of the services depending on their level of income, and this amount is referred to as patient liability for nursing home and Share of Cost (SOC) for HCBS services. **Optumas** uses the term "SOC" to cover both of those amounts within this narrative and other bidder's library documents.

The large majority of SOC is related to nursing facility services. The MCOs are not responsible for paying or collecting these amounts, and the responsibility falls to the nursing facilities and HCBS providers to collect these amounts from the members. Because MCOs are not responsible for SOC, the capitation rates are set gross of SOC, and then SOC is removed at the individual member level when the capitation is

paid to the MCO. The amount included in the base data for SOC was $129.2M for CY21.

Program Changes

The State has implemented several program changes that impacted the service costs and utilization that were not reflected in the base data. **Optumas** considered all program changes that were effective from the beginning of the base data through the most recently known program changes at the time of rate setting with effective dates through 12/31/2023. **Optumas** and the State worked in partnership to determine the impact of each program change.

The full list program changes is found in Appendix I.A, and corresponds to the "KS CY23 - Program Change Exhibits 2023.09.14" bidder's library document. The program changes are split between those captured within the original CY23 rates, and the additional policies captured for CY23 midyear updates.

Historic and Prospective Trend

Trend factors were applied to estimate the change in utilization rate (frequency of services) and unit cost (pure price change, technology, acuity/intensity, and mix of services) of services over time. These trend factors were used to project the costs from the CY21 base period to the CY23 contract period. Trends were developed on an annualized basis and applied by major service category from the midpoint of the base period (7/1/2021) to the midpoint of the contract period (7/1/2023).

Trend factors were developed for both utilization and unit cost using historical encounter data, MCO financial data, and experience with similar Medicaid programs in other states. The historic encounter data was first normalized for programmatic changes to ensure that the impact of these changes was not duplicated as both a rating adjustment and as trend. Once this was done, the historic data was analyzed by major population and COS. The data was arrayed such that 3-month moving averages (MMA), 6 MMA, and 12 MMA could be calculated. These resulting averages were evaluated and weighted to best reflect the expected prospective annual trend. There was not a pre-determined algorithm related to the weighting; it was based on each data extracts' results and varied depending on particular nuances within each COS or population. For example, certain populations and services experienced reductions in spend historically, but these negative trends were not projected into the contract period.

As this is a negotiated procurement and the Bidders will be developing their own prospective trends, the State is not providing information on the prospective trends used to develop the CY23 rates.

Directed Payments

The State has three (3) State Directed Payments (SDPs) that are paid as separate payment terms outside of the capitation rate. Since they are separate from the capitation rate, these amounts should not be included within the Bidder's cost proposal.

The three SDPs are outlined below for informational purposes only:

1. The State will be paying $30M in aggregate across CY23 for Bridge to APM. The provider types that will be eligible for this payment are large public teaching hospitals and border city children's hospitals, and the payment will be distributed to each based on actual incurred amounts throughout the contract period for inpatient and outpatient services.

2. The State will be paying $409M in aggregate across CY23 for HCAIP payments.. The provider types that will be eligible for this payment are all hospitals except large public teaching hospitals and border city children's hospitals, and the payment will be distributed to each based on actual incurred amounts throughout the contract period for inpatient and outpatient services.

3. The State will be paying $16M in aggregate across CY23 for Supplemental Medical Education (SME) payments. The provider types that will be eligible for this payment are three University of Kansas (KU) physician groups, and the payment will be distributed to each based on actual incurred amounts throughout the contract period for inpatient and outpatient services.

Managed Care Savings

Optumas utilized an episode grouper tool to help inform managed care savings and efficiency adjustments. The episode grouper uses claims data to analyze episodes of medical care in order to evaluate provider performance. The tool separates typical costs from costs related to Adverse Avoidable Events (AAEs). AAEs may be improved through more active care management, member behavior changes, and care coordination.

As this is a negotiated procurement and the Bidders will be developing their own managed care savings and efficiency estimates, the State is not providing information on these assumptions.

Regional Factors

Regional factors are developed by first calculating region-specific PMPMs at the broad COA level after the data was appropriately adjusted (e.g., IBNR, program changes, underreporting, trend, non-medical loading), using the same membership mix within in each broad COA for each region. Regional rate relativities were then calculated between each regional PMPM and the statewide PMPM for each broad COA. The factors are then normalized to ensure they are budget neutral on a statewide basis. The final factors are applied to the statewide capitation rates to develop the region-specific capitation rate for each rate cell.

Regional factors will not impact the cost proposal from Bidders as the cost proposal is on a statewide basis, and should not be incorporated into the cost proposal.

Risk Adjustment

Please see the "KS – CY23 Risk Score Methodology.pdf" document for details on the risk adjustment methodology. As discussed in the RFP, Bidders are to assume a 1.0 risk score in their cost proposal.

Acuity Adjustment

Optumas' will be applying a retroactive acuity adjustment to the CY23 capitation rates to account for any acuity changes relative to the end of the continuous enrollment policy under the Public Health Emergency (PHE). The retroactive adjustment methodology is approved under CMS guidance, and is being used for KanCare due to uncertainty around the final disenrollment that will take place within CY23. **Optumas** is currently in development of that methodology, and does not have any specific details to share at this time.

Bidders are to assume the same acuity level reflected within the CY21 base data for purposes of their cost proposal.

Non-Medical Loading

The non-medical load measures the dollars associated with components such as general administration, care coordination, profit/risk contingency, and privilege fee. These are expressed as a percentage of the capitation rate premium. **Optumas** utilized reported general administration and care coordination levels in the financials submitted by the current managed care entities to develop the non-medical load. Experience in other states and similar programs on both a PMPM and percentage basis were also benchmarked against to ensure reasonableness.

As this is a negotiated procurement and the Bidders will be developing their own general admin and care coordination non- medical loading assumptions, the State is not providing information on these assumptions. Bidders are required to use the assumptions in the rate development template for profit/risk contingency and privilege fee.

Appendices

Appendix I.A: Program Changes

Original CY23 Program Changes

1. Speech Therapy Rate Increase; effective 7/1/2021
    - Policy Number: E2021-048
    - Description: The reimbursement rates for speech therapy evaluation and treatment codes will be increased to 75% of the current Medicare fee schedule.
    - Impact: CY21 = $460k

2. Private Duty Nursing Increase; effective 7/1/2021
    - Policy Number: E2021-041
    - Description: HCBS floor rates increased 5% for FY21 (4/1/2021-6/30/2021) plus an additional 2% for FY22.
    - Impact: CY21 = $4.1M

3. HCBS; effective 7/1/2022
    - Policy Number: E2022-071 & E2022-082
    - Description: Rate increases for HCBS services for FY23 were approved.
    - Impact: CY21 = $153.2M

4. MCO Pharmacy Rebates; effective 1/1/2021
    - Policy Number: N/A
    - Description The pharmacy expenditures have been adjusted to reflect pharmacy rebates reported by the MCOs in the MRT and will be allocated by region and rate cell.
    - Impact: CY21 = -($3.3M)

5. Pharmacy NADAC; effective 10/1/2021
    - Policy Number: M2017-054-A4
    - Description: Single Source-No NADAC and Multisource-No NADAC drugs and biologicals lesser of reimbursement methodology will change. This change will create a ceiling and a floor price that is more predictable to the state and to the provider. The Single Source-No NADAC section of the lesser of methodology chart will include the Wholesale Acquisition Cost (WAC). The Multi-Source-No NADAC section of the lesser of methodology chart will include the last known NADAC price.
    - Impact: CY21 = -($450k)

6. Global Pregnancy Services; effective 1/1/2022
    - Policy Number: E2021-121
    - Description: The State has increased the fee schedule for two obstetric care codes, 59400 and 59510, to $1428.54 and $1568.87 respectively.

- Impact: CY21 = $540k

7. Colorectal Screening; effective 1/1/2022
   - Policy Number: E2021-078
   - Description: Colorectal cancer screenings will now be a covered benefit for KanCare members.
   - Impact: CY21 = $3.2M

8. Dental Rate Increase; effective 1/1/2022
   - Policy Number: E2006-038-A8
   - Description: Dental codes D9420, D4341, and D9230 have received a rate increase to $105.00, $63.30, and $37.14 respectively.
   - Impact: CY21 = $430k

9. PRTF; effective 7/1/2022
   - Policy Number: E2022-067
   - Description: The base data has been adjusted to reflect the FY23 PRTF per diems.
   - Impact: CY21 = $5.4M

10. FQHC Optometry; effective 1/1/2022
    - Policy Number: E2021-143
    - Description: Effective with dates of service on and after January 1, 2022, RHCs (08/080) and FQHCs (08/081) will be allowed providers for codes 92002, 92004, 92012, and 92014. Frames and lenses will be paid separately at the FFS rate under an Optometrist Medicaid provider number.
    - Impact: CY21 = $1.8M

11. COVID-19 Test Kit Coverage; effective 3/1/2022
    - Policy Number: E2022-021
    - Description: The State is allowing up to 4 kits per member per rolling 30 day period. Each kit includes two tests. This includes coverage for in-home antigen test kits.
    - Impact: CY21 = $2.4M

12. Mobile Crisis Intervention - Children; effective 5/1/2022
    - Policy Number: E2022-027
    - Description: Mobile Crisis services are now covered under KanCare for individuals aged 0-18 or any youth currently or previously in foster care up to the age of 21.
    - Impact: CY21 = $640k

13. Mobile Crisis Intervention - Adults; effective 5/1/2022
    - Policy Number: E2022-027

- Description: Mobile Crisis services are now covered under KanCare for individuals aged 21 and up.
- Impact: CY21 = $800k

14. CCBHC PPS Rate Adjustment; effective 5/1/2022
    - Policy Number: E2021-154-A2
    - Description: 10 CMHCs will transition to CCBHCs and will be reimbursed using a prospective payment system.
    - Impact: CY21 = $46.2M

15. Rare Disease Drug Removal
    - Policy Number: E2022-057
    - Description: Adjustment to shift reimbursement for rare disease drugs to non-risk payment arrangements
    - Impact: CY121 = -($10.0M)

16. Ambulance Service and Ground Mileage Rate Increase; effective 7/1/2022
    - Policy Number: E2022-066
    - Description: Rate increases for a subset of ambulance and ground mileage services have been approved.
    - Impact: CY21 = $4.9M

17. Pediatric Care; effective 7/1/2022
    - Policy Number: E2022-073
    - Description: Increased rates for pediatrician select codes.
    - Impact: CY21 = $1.8M

18. Adult Dental; effective 7/1/2022
    - Policy Number: E2006-038-A9
    - Description: Extended dental benefits for adult populations.
    - Impact: CY21 = $4.5M

19. Behavioral Health Rate Increase; effective 7/1/2022
    - Policy Number: E2022-081
    - Description: KDADS/KDHE has increased the rates for approximately 50 BH services by 4%.
    - Impact: CY21 = $4.5M

20. Indian Health Services; effective 1/1/2022
    - Policy Number: E2022-049
    - Description: The base data has been adjusted to reflect the most recent Indian Health Service per diems.

- Impact: CY21 = $300k

21. Interest Payments
    - Policy Number: N/A
    - Description: Interest payments made to providers due to late payment of claims are being removed from the base data.
    - Impact: CY21 = -($670k)

22. SNF per diem; effective 7/1/2022
    - Policy Number: E2022-069
    - Description: The base data has been adjusted to reflect the SNF per diems through CY23.
    - Impact: CY21 = $102.7M

23. Respiratory Illness
    - Policy Number: N/A
    - Description: There was an observed decrease in utilization relating to flu and respiratory illnesses due to social distancing policies in early CY21. The base data was adjusted to reflect the assumed increase back to pre-pandemic levels in CY23.
    - Impact: CY21 = $26.7M

24. ICF/IDD; effective 10/1/2022
    - Policy Number: E2022-115
    - Description: The base data has been adjusted to reflect the most recent ICF/IDD per diems.
    - Impact: CY21 = $53k

25. Recoveries; effective 1/1/2022
    - Policy Number: N/A
    - Description: This reflects the impact of recoveries based on currently known reinsurance contracts for each of the MCOs for CY23.
    - Impact: CY21 = -($4.0M)

26. Hospice Rate Update; effective 10/1/2021
    - Policy Number: E2021-124
    - Description: The base data has been adjusted to reflect the hospice service rates as of 10/1/2021.
    - Impact: CY21 = $350k

27. FQHC/RHC Rebase; effective 1/1/2023
    - Policy Number: E2022-140
    - Description: The base data has been adjusted to reflect the most recent FQHC/RHC

payment rates as of 1/1/2023.
- Impact: CY21 = $15.2M

28. GME Impact, effective 1/1/2022
    - Policy Number: N/A
    - Description: GME factors have been updated with the CY23 DRG weights and peer group rates. The impact reflects the change from the CY22 GME factors to the CY23 GME factors.
    - Impact: CY21 = $750k

29. CY23 DRG Schedule – Base Rate; effective 1/1/2023
    - Policy Number: N/A
    - Description: This reflects the annual changes to the following: peer group rates, DRG weights, , and changes to in-state and out of state cost-to-charge ratios. This is the incremental change from the CY21 to CY23 DRG fee schedule based on utilization in the CY21 historic base data. This excludes University of Kansas as they are reimbursed on a percent of billed basis for admissions for managed care members.
    - Impact: CY21 = $7.2M

30. CY23 DRG Schedule - Outliers; effective 1/1/2023
    - Policy Number: N/A
    - Description: This reflects the annual changes to the following: day outlier thresholds, and cost outlier thresholds. This is the incremental change from the CY21 to CY23 DRG fee schedule based on utilization in the CY21 historic base data. This excludes University of Kansas as they are reimbursed on a percent of billed basis for admissions for managed care members.
    - Impact: CY21 = -($3.0M)

31. IP HCAIP Removal
    - Policy Number: E2022-137
    - Description: Removal of HCAIP from outpatient claims since it will be paid as a directed payment as a separate payment term in CY23.
    - Impact: CY21 = -($52.8M)

32. OP HCAIP Removal
    - Policy Number: E2022-137
    - Description: Removal of HCAIP from inpatient claims since it will be paid as a directed payment as a separate payment term in CY23.
    - Impact: CY21 = -($23.1M)

33. Oncologic PET Scans; effective 7/1/2020

- Policy Number: E2022-083
- Description: Effective with dates of service on and after January 1, 2023, PET scans and the radiopharmaceuticals associated with the scans will be covered for all Medicaid beneficiaries for oncological indications.
- Impact: CY21 = $2.1M

34. KU Charge Master; effective 1/1/2018 – 12/31/2022
    - Policy Number: N/A
    - Description: The base data has been adjusted to reflect the annual increases in KU's charge master since they are reimbursed on a percent of billed basis for admissions for managed care members.
    - Impact: CY21 = $11.5M

Midyear Program Changes

Note – impacts are included as an annual impact to reflect the full amount anticipated on an annual basis for CY23.

1. HCBS FY24 Rate Changes; effective 7/1/2023
    - Policy Number: E2023-066
    - Description: Increase to HCBS fee schedule
    - Impact: CY21 = $29.7M

2. Nursing Facility and Mental Health Nursing Facility Rates; effective 7/1/2023
    - Policy Number: E2023-080
    - Description: Adjustments to NF and NFMH rates
    - Impact: CY21 = $140.1M

3. Self-monitoring Blood Pressure Devices for Heart Failure and ERSD; effective 7/1/2023
    - Policy Number: E2023-032
    - Description: Automatic blood pressure monitor
    - Impact: CY21 = $370k

4. Coverage of A4670 for Pregnant Women at Risk for Gestational Hypertension; effective 7/1/2023
    - Policy Number: E2023-022
    - Description: Coverage of automatic blood pressure monitor
    - Impact: CY21 = $110k

5. Physician Rate Increase of 3% for HCAIP Coding per Legislative Allocation; effective 7/1/2023
    - Policy Number: E2023-087
    - Description: 3% increase to the professional HCAIP code set
    - Impact: CY21 = $3.1M

6. Application of Topical Fluoride Billing Claims Change; effective 7/1/2023
    - Policy Number: E2008-040-A2
    - Description: Adjustments to Dental Rates for Topical Fluoride Services
    - Impact: CY21 = $30k

7. I/DD Targeted Case Management (TCM); effective 7/1/2023
    - Policy Number: E2023-070
    - Description: Increasing payment rate for I/DD TCM services
    - Impact: CY21 = $10.8M

8. Laboratory Rate Leveling; effective 7/1/2023
    - Policy Number: E2023-070
    - Description: Reprice of selected lab codes
    - Impact: CY21 = -($140k)

9. PRTF Rate Adjustment; effective 7/1/2023
    - Policy Number: E2023-079
    - Description: Psychiatric Residential Treatment Facility (PRTF) rate adjustment to most recent per diems.
    - Impact: CY21 = $9.0M

10. Coverage of Denture and Partial Prosthetics; effective 7/1/2023
    - Policy Number: E2006-038-A10
    - Description: Medically necessary partial or full mouth dentures and related services
    - Impact: CY21 = $1.5M

11. Emergency Medical Service Rate Increase for FY 2024; effective 7/1/2023
    - Policy Number: E2022-066-A1
    - Description: Emergency Medical Transport FY24 rate increase
    - Impact: CY21 = $9.9M

12. Annual DME Rate Adjustment to 80% of the Medicare; effective 7/1/2023
    - Policy Number: E2018-156-A3
    - Description: DMEPOS items on the Medicare fee schedule set at 80% of Medicare
    - Impact: CY21 = $5.0M

13. Brain Injury Rehabilitation Facility; effective 7/1/2023
    - Policy Number: E2023-081
    - Description: Brain Injury Rehabilitation Facility (BIRF) rate has increased.
    - Impact: $12.5M

14. Global Pregnancy Services Rate Increase; effective 7/1/2023
    - Policy Number: E2023-044
    - Description: Rates for codes 59400 and 59510 will be increased to 70% of Medicare.
    - Impact: CY21 = $620k

15. Community Health Worker Services; effective 7/1/2023
    - Policy Number: E2023-026
    - Description: Provide reimbursement for Community Health Workers as a new benefit.
    - Impact: CY21 = $580k

16. Subcutaneous Continuous Glucose Monitors (CGM); effective 7/1/2023 (assumed)
    - Policy Number: E2023-055
    - Description: CGM will be covered in Kansas Medicaid
    - Impact: CY21 = $4.0M

17. Indian Health Services (IHS) Reimbursement – CY 2023; effective 1/1/2023
    - Policy Number: E2023-033
    - Description: Rate for Indian Health Services (IHS) is going from $640.00 to $654.00.
    - Impact: CY21 = $35k

18. CCBHC
    - Policy Number: E2023-081
    - Description: Additional CMHCs will transition to CCBHCs and will be reimbursed using a prospective payment system.
    - Impact: CY21 = ~~$46.2M~~ $47.9M

~~19. Children's Behavioral Interventionist Program; effective 7/1/2023~~
    - ~~Policy Number: E2023-034~~
    - ~~Description: Psychosocial Rehabilitation Services~~
    - ~~Impact: CY21 = $231k~~

20. FQHC/RHC Rate Rebase; effective 1/1/2023
    - Policy Number: E2022-140 (amended)
    - Description: Additional FQHCs received updated payment rates for CY23
    - Impact: CY21 = $8.0M

21. Unbundling Assistive Services for the HCBS IDD, BI, FE and PD Waivers; effective 7/1/2023
    - Policy Number: E2023-061
    - Description: Assistive Services will be replaced by three new services with distinct billing codes for the HCBS waivers specified in this policy

- Impact: CY21 = $1.8M

22. Additional Autism Waiver Self-Directed Respite Services; effective 1/1/2023
    - Policy Number: E2022-070
    - Description: Allow for families to have a self-direction option for Respite services.
    - Impact: CY21 = $20k

23. Children's Behavioral Interventionist (CBI) Program; effective 10/1/2023
    - Policy Number: E2023-034
    - Description: Adding CBI as a benefit for KanCare members that meet the criteria to receive services in an effort to provide additional supports for members in need.
    - Impact: CY21 = $5.6M