

1 house of representatives a written report on numbers of individuals
 2 transferred from the state or private institutions to the home and
 3 community based services including the average daily census in the state
 4 institutions and long-term care facilities, savings resulting from the
 5 transfer certified by the secretary of social and rehabilitation services and
 6 the secretary of aging in a quarterly report filed in accordance with K.S.A.
 7 2012 Supp. 39-7,161 and 39-7,162, and amendments thereto, and the
 8 current balance in the home and community based services savings fund of
 9 the department of social and rehabilitation services and the department on
 10 aging.

11 (2) Such report submitted under this subsection shall also include,
 12 but not be limited to, the following information on the KanCare program:

13 (A) Quality of care and health outcomes of individuals receiving state
 14 medicaid services under the KanCare program, as compared to the
 15 provision of state medicaid services prior to January 1, 2013;

16 (B) integration and coordination of health care procedures for
 17 individuals receiving state medicaid services under the KanCare program;

18 (C) availability of information to the public about the provision of
 19 state medicaid services under the KanCare program, including, but not
 20 limited to, accessibility to health services, expenditures for health services,
 21 extent of consumer satisfaction with health services provided and
 22 grievance procedures;

23 (D) provisions for community outreach and efforts to promote the
 24 public understanding of the KanCare program;

25 (E) comparison of the actual medicaid costs expended in providing
 26 state medicaid services under the KanCare program after January 1,
 27 2013, to the actual costs expended under the provision of state medicaid
 28 services prior to January 1, 2013, including the manner in which such cost
 29 expenditures are calculated; and

30 (F) comparison of the estimated costs expended in a managed care
 31 system of providing state medicaid services under the KanCare program
 32 after January 1, 2013, to the actual costs expended under the KanCare
 33 program of providing state medicaid services after January 1, 2013.

34 (3) The joint committee shall consider the external quality review
 35 reports and quality assessment and performance improvement program
 36 plans of each managed care organization providing state medicaid
 37 services under the KanCare program in the development of the report
 38 submitted under this subsection.

39 (f) Members of the committee shall be paid compensation, travel
 40 expenses and subsistence expenses or allowance as provided in K.S.A. 75-
 41 3212, and amendments thereto, for attendance at any meeting of the joint
 42 committee or any subcommittee meeting authorized by the committee.

43 (g) In accordance with K.S.A. 46-1204, and amendments thereto, the

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(G) 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 the KanCare program after January 1, 2013; and
 (H) all written testimony provided to the joint committee regarding the impact of the provision of state medicaid services under the KanCare program upon residents of adult care homes.