

KEES Oracle Cloud Migration – Medical Mitigation Plan

Overview

This plan will identify the issues that must be addressed in order to have a successful implementation of the KEES Oracle Cloud Infrastructure (OCI) cutover, while minimizing the impacts on medical programs.

Critical Dates

1/9/20 – Go/No-Go decision

1/10/20 – Communication Plan implemented

1/12/20 – Last Staging Refresh

1/16/20 (8:00 p.m.) – PE, Doc Upload and SSP go down

1/16/20 (8:00 p.m.) – KEES/ImageNow goes down

1/17/20 (6:00 a.m.) – KEES Staging read only available

1/21/20 – Go-Live

Estimated Backlog

Plan:

- Increase in backlog that will occur during the downtime:

Family Medical –

A.) Assumptions for potential processing delays:

- 1.) **Outage Time** – KEES will be down 1 full business day (1/17/2020) and part of a second business day (1/21/2020). KEES will be 100% operational by 12:00 PM Tuesday 1/21/2020.
- 2.) **Imaging** – Imaging will be caught up and ‘compliant’ to start the day Monday 1/27/2020.
- 3.) **Customer Service/Case Maintenance** – MAXIMUS will provide a report of customer service interactions to KDHE for ED/LTC. FM Tasks requiring creation will be created by MAXIMUS by COB 1/24/2019.
- 4.) **Aging** – In addition to KEES being down one business day on 1/17 and a partial business day on 1/21, incomplete items will age a total of 5 calendar days, at minimum. The first day new items will display on new, refreshed reports will be Wednesday 1/22/2020. Any item age 37 days or older that is still in process as of COB 1/16/2020 will age to non-compliance before there is an opportunity after migration for completion.
- 5.) **Additional Lost Processing Day** – MAXIMUS staff would have been scheduled to work regular overtime hours on 1/18/2020 and 1/20/2020. Due to the OCI Migration this processing time is lost.

B.) Applications

- 1.) **Volume Increase** – It is estimated the FM Application/IROD and Other Application Volume will increase by ~1,050 between 1/17/2020 and 2/29/2020.
 - a. Daily Intake – Estimated ~525 per day
 - b. Daily Completions – Estimated ~715 per day (higher due to FFM)
 - c. Other – KEES Latency has impacted completions by ~50-100 per day so far this week. Continued production loss due to latency before and after the migration could potentially increase incomplete volumes.
- 2.) **Non-Compliant (Over 45) Growth** – 1/17 through 2/1 are significant aging bubbles for FFM Applications. It is estimated that the over 45 volume could increase by as many as ~750 before reducing again by 3/1.
 - a. Aging – ~350 items age by Friday 1/24 and ~1,400 by 2/1. Non-Compliance between Tuesday 1/28 and Tuesday 2/18 is likely. The lost production time accompanied by aging bubbles from the last part of FFM Open enrollment produce a high likelihood of non-compliance. Any item that is 37 days or older as of COB 1/16/2020 has a high likelihood of remaining non-compliant until after imaging has caught up to ensure the cases are ready for completion.
 - b. Expected Return to Compliance – 3/1/2020.

C.) Reviews

3.) Volume Increase – It is estimated the FM Review Volume will increase by ~600 between 1/17/2020 and 2/29/2020.

- a. Daily Intake – Estimated ~300 per day
- b. Daily Completions – Estimated ~300 per day
- c. Other – KEES Latency has impacted completions by ~50 per day so far this week. Continued production loss due to latency both before and after the migration could potentially increase incomplete volumes.

4.) Non-Compliant Growth – The first of each month is a significant aging bubble for Reviews. It is estimated that after being ~50 or less non-compliant as of January 1 the non-compliant volume could be ~600 due to lost production/processing time.

- a. Aging – ~600 items age by Monday 2/3. Non-Compliance between Tuesday 2/3 and Tuesday 3/1 is likely. It is possible to return to compliance in February and lose it briefly as of 3/1 due to the next aging bubble. The non-compliant volume as of 3/1 is expected to be ~300 or less.
- b. Expected Return to Compliance – 4/1/2020.

D.) Case Maintenance (CM)

5.) Volume Increase – It is estimated the FM CM Volume will increase by ~1,300 between 1/17/2020 and 2/29/2020.

- a. Daily Intake – Estimated ~325 per day
- b. Daily Completions – Estimated ~325 per day
- c. Other – KEES Latency has impacted completions by ~50 per day so far this week. Continued production/processing loss due to latency both before and after the migration could potentially increase incomplete volumes.

6.) Non-Compliant Growth – The timeliness metric in Case Maintenance is 20 days. Any item that is received on 1/17 or 1/21 that has delayed task creation and requires pending is likely to be at risk for non-compliance. This could impact ~650 cases.

- a. Aging – ~650 items age by Monday 1/27. Non-Compliance between Monday 1/27 and Friday 2/21 may occur as the task creation and pending cycle is completed. It is possible to return to compliance in early February
- b. Expected Return to Maintained Compliance – 3/1/2020 or before. Risk due to migration and task creation dates could cause case maintenance to go in and out of compliance at various times during February.

E&D/LTC –

- Increase of about ~400
- How long we anticipate it will take for us to catch up again once KEES is live:
 - We assume that for at least a period of time once KEES is back up, depending on changes made to the system, there will be a slight decrease in productivity of our staff as they adjust to the changes.
 - We expect to catch back up would likely take two months.

Controlled Rollout

Functional check of KEES production conducted by a small number of end users, which is slowly increased as confidence in system functionality increases. Essentially, KEES is fully functional including batch and interfaces during the controlled rollout period. The intent is to support the operational needs while also keeping the volume of eligibility actions small so that if there are issues, remediation of the issues is more manageable.

Controlled Rollout activities are conducted by DCF and KDHE business staff in the field. The start of controlled rollout is dependent on the successful completion of technical and functional smoke test and project leadership has made a GO decision. If technical and functional smoke testing completes early, then controlled rollout may begin on 01/22/2020.

Numbers of Participants

The intent is to begin system use with a minimal number of staff performing eligibility actions to ensure the system is performing as expected and identify any potential defects that would need remediation. After successful controlled processing, Full Production will resume.

The number of staff in KEES has been assumed for business planning purposes. The number is based on the current cutover and controlled rollout plans. Staff not designated as users for the Production environment will not be able to access KEES.

Controlled Rollout Processes

- Specified management staff will attend periodic debriefs with the KEES Operations and others to receive overall status of the activity.
- Help Desk escalation processes will be in place to report issues during the test.
- Communication - A protocol will be in place to assure smoke testing and controlled rollout activities begin, end or are suspended only by a KEES Operations Leadership decision. Communication to business and field staff will be coordinated and will come from a single source (KEES Dispatch).

Mailroom

Point of Contact: Shannon Sage

Overview:

Mail and Faxes will continue to be received during the Cutover Period. Faxes will not be able to be imported into ImageNow or printed via the ImageNow output agent until servers are brought back up. The faxes will continue to be imported into Image Now with the correct received date. Mail will be sorted and stored during the Cutover period and imaged when the system is available.

Plan:

- *Prior to Cutover Period:*
 - Image as much of the incoming mail and faxes as possible to keep volumes low.
- *During Cutover Period:*
 - Sort incoming mail and faxes and store for imaging when systems are available. Items will be sorted and stored based on date and type in the following manner.
 - **Applications: Sort by received date, Mail or Fax, Priority, Application type (Family Medical vs. Elderly and Disabled). Keep all applications batched with supporting documents.**
 - **Reviews: Sort by received date, review month, Mail or Fax, then Priority. Keep reviews batched with supporting documents.**
 - **Loose Mail: Sort by received date, Mail or Fax.**
 - **Emergency Medical Processing:** Items requested for emergency medical processing will be sorted by received date.
 - Enter all items received on a spreadsheet by received date and type i.e. applications, reviews, loose mail.
 - Scan items requested for emergency medical processing outside of ImageNow and send via email to designated emergency medical processing staff. Originals used for emergency medical processing will be stored by received date and scanned into Image Now when systems are available.
- *Post Go-Live:*
 - Restart imaging officially 01/21/2020 at the designated time determined by Leadership. Imaging will be tested before official start time is given.
 - Image at Go Live in the following priority TBD:
 - Emergency Medical
 - Pregnant Women Applications
 - Urgent Medical Need applications
 - January Reviews
 - Loose Mail, Applications, and all other Reviews

Data Entry/Registration

Point of Contact: Yvonne Case

Plan:

- *Prior to Cutover Period:*
 - Data Enter and Register all applications possible, to keep volumes low.
 - Designated Registration staff will register all PE tools received prior to and including those received on 01/15/20 as a priority between 7:00 a.m. – 11:00 a.m. on the morning of 01/16/20 and notify designated Eligibility staff as the tools are registered.
 - Stop Registering close of business 01/16/20 at 8:00 p.m.
- *During the Cutover Period:*
 - There will be no registration or data entry.
- *Post Go-Live:*
 - Register in this priority as things flow from imaging:
 - All cases that received 'Emergency Medical' coverage during Cutover Period. Once this is done, notify Senior Manager of Quality (Courtney Barnett) for the ability to assign staff to work eligibility in KEES utilizing the Emergency Medical tracking spreadsheet. Need to make sure appropriate tasks are still in place for any other family members needing coverage determined.
 - PW requests received during Cutover Period.
 - Applications received prior to Cutover Period.
 - Applications received during Cutover Period.
 - Reviews received during downtime.
 - After everything received prior to and during Cutover Period is registered, return to normal registration priorities (1-PW, 2-PE and BCC, Reviews, 3-Non-PW's Apps (Paper, SSP & FFM).
 - Use 01/16/20 Daily Reports to find:
 - Cases Pending Data Entry that were imaged but not registered prior to Cutover Period
 - The volume in this category should be extremely low if any.
 - Cases in Pending Registration that were not registered prior to Cutover Period.
 - The volume in this category should be extremely low.
 - After everything received prior to and during Cutover Period is registered, return to normal registration priorities (1-PW, 2-PE and BCC, Applications, Reviews).

Call Center

Point of Contact: Anna Thezan

Call Center will have access to the Staging environment during downtime.

Call Center Scripts for CSRs:



OCI CSR Script
Cutover 120619.docx

IVR Message



OCI IVR Messaging
Cutover 102519.docx

Plan

- *Prior to Cutover Period:*
 - Business as usual
- *During Cutover Period:*

CSRs will provide general information and capture updates from callers. If an Urgent Medical Need is identified and meets the specific criteria, CSRs will handle using the Call Center's current escalation process.

Note: The call center currently receives ~12,000 calls per week. Of these, roughly ~5,000 result in capturing new information Eligibility requires for processing including ~2,400 reported changes per week result in tasks.

Day of the Week	Calls	Calls w/updated information for Eligibility	Calls that Result in a New Task
Monday	2714	1,143	505
Tuesday	2485	1,106	494
Wednesday	2399	1,035	457
Thursday	2319	974	487
Friday	2131	960	462

MAXIMUS has developed a tracking tool to capture all contacts handled during the Cutover Period as well as any outbound (cutover time would be 01/18/2020 - 01/21/2020). KDHE business will work with Clearinghouse on the tracking tool capture process. The tracking tool captures similar information to what is captured in KEES, including:

- Caller
- Case the caller is inquiring about
- Type of contact
- Notes and additional information about the call

Each call will have one record in the tracking tool, with the exception of calls that require multiple tasks. If a call requires multiple tasks, Customer Service will create a Call Tracker record for each task.

DXC will follow current escalation processes via e-mail in order to escalate calls to Eligibility and other departments as necessary. This includes the following Emergency Medical scenarios:

- Prescriptions that need to be filled right away
- Critical or urgent medical appointments (e.g. surgery scheduled in January)
- Critical treatment (e.g. dialysis)
- HCBS crisis exceptions

- *Post Go-Live:*

As soon as DXC CSR KEES access is restored to normal (expected 01/22/2020), the Call Center will cease to use the tracking tool and will start logging calls into KEES.

When Production begins (on 01/22/2020), MAXIMUS Eligibility staff will enter calls received during the Cutover Period into KEES. Call records will be entered by creating a Journal Entry and, if necessary, tasks for both E&D and Family Medical will be created manually. Any tasks created will have receipt date and due date manually set based on when the call was handled. Additionally, since the journal entry will not have the headers set that a call record entry would have, the body of the journal entry will include information to identify that the entry was the result of an inbound call as well as the date the call was handled. Eligibility staff will be tasked to do this activity. This activity will be prioritized over any Cutover Period work (e.g. pre-screening, working pending cases, etc. outside of full production KEES).

Priorities for entering records captured during the Cutover Period are:

1. Emergency Medical
2. Pregnant Women
3. Urgent Medical Needs
4. Newborns
5. Other calls with information for Eligibility Processing
6. Application Status and any call that does not include information for Eligibility processing

Within each prioritized category, calls related to a case with an existing task will be prioritized over calls that result in a new task being created. (e.g. PW existing task → PW new task → UMN existing task, etc.).

Family Medical Contractor Eligibility

Point of Contact: Yvonne Case

Plan:

Overview: Processing prior to Go Live will focus on ensuring the workload is as small as is reasonably possible, and the current prioritization directives are followed with one exception; emergency cases worked during the Cutover Period are added to the list of priorities.

- *Prior to Cutover Period:*
 - Continue processing until 01/16/20 at 8:00 p.m.
 - Designated Eligibility staff will process PE tools received from Registration on 01/16/20 as a priority and notify KDHE staff of tools sent for State authorization by 3:00 p.m.
 - On a day to day basis Eligibility is current on PE Tool processing
 - Currently the intake for new PE tools ranges anywhere from 15 to 20 daily.
 - Currently, Eligibility has an adequate number of staff trained to process the number of PE tools expected to be received per day.
 - Buy-In Deletion report processing time will be reduced. Report ran on 01/10/20, must be completed and provided to KDHE staff by Close of Business 01/16/20 to ensure completion prior to Cutover Period.

- *During the Cutover Period:*

The following activities will be supported in priority order laid out below.

1. Emergency Medical process will be followed. POC Senior Manager of Quality (Courtney Barnett) should be notified of all Applications or Reviews that are potentially Emergency Medical.
2. Provider Support – Senior Manager of LTC Eligibility (Breanna Dohrman) will coordinate additional support for researching and responding to provider and facility inquiries.

Any outbound calls made as the result of Eligibility processing during the Cutover Period will be logged in the Call Tracker.

- *Post Go-Live*

1. Follow 'Task Priorities at Go Live' list:
 - High Level Task Priorities –
 - Emergency Medical Cases
 - Pregnant Woman
 - Urgent Medical Need
 - Newborns
 - LTC Communications
 - PE
 - Applications
 - Reviews
 - Case Maintenance

KDHE Eligibility

Point of Contacts: Teresa Graber, LaTonya Palmer, Rachelle Altman, & Breanna Dohrman

Plan:

- *Prior to Cutover Period:*
 - Ensure availability of PE workers to process PE cases rec'd through 01/16/20 at 8:00 p.m. before system goes down 01/17.
 - Continue processing with regular priorities until system goes down
 - Buy-In Deletion report processing time will be reduced. Report received on 01/10/20, DXC to get to KDHE by COB 01/13 to ensure KDHE has time to complete by EOD 01/16 prior to Cutover Period.
 - Focus on Newborn processing.
 - Training on emergency medical processing scheduled before 01/16 to include all areas in a session, and a clear understanding of roles and expectations.
- *During Cutover Period:*
 - Emergency Medical Processing
 - There will be a Family Medical and LTC/E&D POC, backup and processing staff for KDHE eligibility Emergency Medical Processing. Contacts are:
 - Family medical – Quality/Training Team (Margaret Stone, Chelsea Jones)
 - E&D –Quality/Training Team (Brandi Rieschick, Iris Urista)
 - If eligible for the month of January, the KDHE POC will email the Senior Manager of Eligibility Outreach (Russell Nittler) along with supporting documentation
 - Email notification from and updates to the Senior Manager of Eligibility Outreach (Russell Nittler) who will update the emergency medical tracking spreadsheet with final status.
 - During Controlled Rollout, use the same staff that processed Emergency Medical requests to complete full eligibility.
 - Training – Computer based training and instructor led
 - Russell Nittler coordinate Medicaid 101 Training
 - January Release Training
 - Team Building activities
- *Post Go-Live:*
 - Expecting tasks created for state to identify the priority/type of case to the maximum extent possible, facilitating state staff's ability to process according to priorities (UMN, Accelerated, Review, Application)
 - Process cases according to determined priorities
 - Emergency cases in KEES for final determination
 - UMN's that didn't meet emergency criteria
 - Newborns
 - Applications
 - Reviews
 - Utilize floorwalkers for system questions

KEES Batches

Point of Contact: **KEES Operations – Lanita Nations**

Overview

Batches will be run per the normal schedule unless specific requests are made to change it. Files accumulated during the conversion period will be "caught up" into KEES in advance of controlled rollout.

Batch Schedule – key jobs for January and February 2020 including the cutover:

February Medical Reviews	Saturday, January 4, 2020
January Premium Billing	Monday, January 6, 2020
January L3 – Medical Discontinuance	Wednesday, January 15, 2020
Timely Notice	Thursday, January 16, 2020
Last full batch run before OCI upgrade	Thursday, January 16, 2020
OCI Upgrade Begins	Friday, January 17, 2020
March 2020 – Come up Month Available	Friday, January 17, 2020
Batch catch-up jobs are ran	Sunday, January 19, 2020
<i>Martin Luther King Holiday</i>	Monday, January 20, 2020
OCI Upgrade Complete	Tuesday, January 21, 2020
Batch processing runs as usual	Tuesday, January 21, 2020
January MMIS Monthly	Thursday, January 23, 2020
March Medical Reviews	Saturday, February 8, 2020
February Premium Billing	Monday, February 10, 2020
February L3 – Medical Discontinuance	Monday, February 14, 2020
Timely Notice	Monday, February 17, 2020
April 2020 – Come up Month Available	Tuesday, February 18, 2020

Batch catch-up

Batch catch-up jobs are those that would have files come or processes that should be run while KEES was offline on Friday, January 17, 2020. They include interface and regular batch jobs. Listing all jobs regardless of if they are for KDHE or DCF areas.

Inbound Interfaces

- BENDEX
- SVES (TPQY)
- SVES (PRISONER)
- SVES (40QQ)
- SDX
- FFM
- Premium billing
- Medical Alerts
- SMART – INF01
- SMART – INF03

- Base Wage
- Unemployment Benefit Information
- LIS Determinations (MIPPA)
- EBT Case Client Add Response - Daily
- EBT Case Client Error Inbound – Daily
- EBT Child Care Provider Information
- EBT Undeliverable Mail
- LIEAP Inbound Match – ONEGAS
- LIEAP Inbound Match – Westar
- LIEAP Inbound Match – KCPL
- LIEAP Inbound Match – Black Hills
- LIEAP Inbound Match – Atmos
- Overpayment & Kansas Revenue Tax (DSO)
- Update Penalty Period for Non-Delinquent Premiums
- TBQ

Batch Catch-up for Friday/Sat Run Date

- Interview Sweep Batch
- DCF – Verification Timeliness
- Denial for No Interview After RE Month
- Denial for No Interview Batch

Golden Gate Jobs will also be run but are not listed in the KDHE document

Staging batch runs

We will do staging runs on the following jobs prior to their first Production run under OCI to ensure they run correctly:

- January MMIS Monthly (if time allows)
- March Medical Reviews
- February Premium Billing
- February L3 – Medical discontinuance

Batch Considerations:

Until TBQ & Premium Billing Batches are completely caught up staff will: For TBQ will have to follow the manual process of going to EATSS. For Premium Billing there is no interim process. If the Premium Delinquency Indicator still says “yes” we don’t want staff overriding EDBC. Staff will need to wait until the Premium Billing interface is caught up and Indicator says “no” OR they’ve received the Reinstate CHIP task. Any Reinstate Chip task will have to be worked before February 1, 2020. Split this up in to 2 bullet points.

MMIS alerts will need to be generated before all tasks are considered caught up.

KEES will inform everyone when Batch is caught up via the KEES Dispatch.

- Workers will have a very small window to process tasks generated before and after Cutover and need to be worked based on current timeliness guidelines.

Emergency Medical Process

Point of Contacts: Erin Kelley & Kristopher Smith

Execute full Emergency Medical process if we're not up by Wednesday, 1/22/20

Normal medical processing will be suspended due to KEES Cutover. However, there is a need to approve new medical assistance coverage during the KEES 'Cutover Period'.

Who: Medical assistance priority/emergency processing is limited to emergency/urgent requests.

Examples of emergency requests include:

- New Foster Children
- Delayed medical **treatment** during the conversion period:

What: Requests only taken for coverage in the month of January – as KEES will be available to cover requests in future months. Previous months can never be emergencies.

A special off-system process will be executed on Friday, January 17th to allow medical assistance coverage determinations to occur in situations where coverage has recently ended for an individual who is in need of prescription medication. This specific process is not applicable to persons newly applying for medical assistance. The full Emergency Medical process for other exceptional circumstances will not be implemented unless the migration period extends beyond Tuesday, January 21st. The full emergency medical process will be used for new applications, late reviews, coverage changes, etc. All PE tasks need to be worked prior to the system going down.

Prior to the Cutover Period, processing that is date-critical will be prioritized and worked the previous week. These include WORK and PACE cases. CHIP cases may also be included.

Specific Requirements/Process from the DRAFT Implementation Memo:

Potential Eligible Individuals

The following two groups are potentially eligible for coverage during the conversion period.

Foster Children: The process used for new Foster Children that is in place today will continue to be used during the down time. Staff will issue the Temporary Card using current protocol. However, once issued, the information included in the Tracking Spreadsheet must be collected and shared with KDHE Central Office. In addition to the MCO choice, staff are asked to include any information regarding critical medical care the child may need.

Emergency Medical Care – Eligibility: Medical coverage can also be provided to individuals who are unable to access critical medical care due the lack of a payer source. In order to qualify, the following criteria must be met:

- i. The individual must have applied or be eligible for reinstatement of coverage.
- ii. The individual must have an emergency need that will go unmet because the provider/service cannot be paid. The Emergency Medical Checklist is used to determine this requirement. Although verification is not required, staff are given flexibility to determine the validity of the claim. Because

the sole purpose of the emergency card is to make essential treatment available, persons currently in nursing facilities or concerned about paying a bill will not likely be eligible for the card.

Emergency Medical Card – Process: Once the basic criteria have been met, a determination is completed according to the following process. Note additional details are available in the Emergency Medical Job Aid.

- iii. If the emergency criteria are met the individual must be determined financially eligible for Medicaid or CHIP. Staff will utilize Staging to make this determination. Designated staff will be given the ability to enter data in a KEES staging environment in order to simulate the actual determination. However, this will only document the determination – it will not actually send the results to MMIS nor will it be retained. Although limited data entry is allowed for these determinations, all eligibility criteria and factors must continue to be met. However, because interfaces will not be available through KEES staff may skip directly to later Tiers in the verification hierarchy if necessary. When data has been entered, EDBC is executed. When the determination is completed, the EDBC may be accepted and saved in the staging environment. Because this will not be retained, staff must take a screen shot of the results for retention in the case file.
- iv. No notice is sent at this time.
- v. If the member is not eligible, staff must contact the applicant to notify of the denial for Emergency coverage. However, a full determination will be complete when KEES is available.
- vi. If the member is eligible, notify KDHE Central Office of the approval. Central Office is responsible for finalizing eligibility and coordinating enrollment with the MCO. An email that includes the case number and the member's name to Rebecca Vaillancourt (Rebecca.Vaillancourt@ks.gov), with a copy to Russell Nittler (Russell.Nittler@ks.gov) is sent.
- vii. If all information is provided, a temporary medical card will be sent to the consumer from Central Office and the Senior Manager of Eligibility Outreach (Russell Nittler) will be responsible for notifying the consumer via phone.

Once KEES is live, all information will be recorded in KEES and documents will be imaged to the case. An actual determination will be completed in KEES and the beneficiary will be formally notified of the decision at this time by the person who made the offline determination. In the event the resulting determination is different than that provided during the downtime, contact the KDHE Policy Team in Central Office via the policy e-mail box with a subject line of "Emergency Medical" for guidance.

All final decisions will be completed within 2 weeks of go-live and will be recorded on the emergency tracker.

A Provider Bulletin will be published to the KMAP website prior to the cutover period. In addition, the MCO's have identified key contacts to assist with any issues that arise during the downtime. Russell will notify the MCO's in the monthly meeting and ask for an updated list of key contacts which will be provided to KEES Operations for the communication plan by 12/18/19.

Coordination: KDHE Quality managers will take the lead for the Emergency Card Process. All requests will be sent to them and all communications back will also go through them. Will need to communicate the Quality mailbox address with a subject line of “Emergency Medical”.

Outstationed Workers/Intake Management

Point of Contact: Russell Nittler

Anticipated Backlog:

- Anticipated backlog that will exist at the time KEES goes down the evening of 01/16/20:
 - HCBS Applications – At a slightly increased pace a backlog is not expected.
 - Outstationed Applications – At current pace a backlog is not expected.
- Increase in backlog that will occur during the downtime:
 - HCBS Case Corrections – Increase of 200 during the downtime.
 - HCBS Phone Calls/Research – Increase of 100 during the downtime.
 - Outstationed Phone Calls/Research – Increase of 75 during the downtime.
- How long we anticipate it will take for us to catch up again once KEES is live:
 - HCBS Applications – Expect to be caught back up by 02/14/20.

Plan

- *Prior to Cutover Period:*
 - Continue processing until 01/16/20 at 6:00 p.m.
- *During the Cutover Period:*
 - Emergency Medical process will be followed.
- *Post Go-Live:*
 - Begin working aged HCBS applications (those nearing 45 days

Presumptive Eligibility/Document Upload/SSP

Point of Contacts: Debbie Whitaker & Jonathan Wake

Plan

- *Prior to Cutover:*
 - Banner message #1 to be placed on the SSP Portal to inform individuals of the upcoming downtime and encourage them to complete and submit their applications/information prior to that time.
 - A Maintenance Page needs to be placed on the PE, Document Upload and SSP Portals 1/16/20 at 8:00 p.m. to notify individuals of the downtime and provide a link (KanCare.ks.gov) to the Paper application.
 - Banner message #2 to be placed on the SSP Portal to inform individuals that we're down.
 - Communication Memo going out on 1/6/20 and 1/13 again to all users to notify them of the downtime of the PE Tool and Doc Upload.
 - PE Tool/Doc Upload/SSP will be brought down by 8:00 p.m. 1/16/20.
 - All PE related tasks received must be processed by EOD 1/16/20.
- *During Cutover:*
 - PE, Doc Upload and Self Service portals will be unavailable during all down time and smoke testing.

Reports

Point of Contacts: Willie Rice & Jonathan Wake

Plan

- *Prior to Cutover:*
 - Maximus and KDHE Eligibility will run reports on 01/16/2020.
- *Post Go-Live:*
 - On 01/22/2020 MAXIMUS and KDHE Eligibility will run the same 13 reports as run on the 01/16/2020.
 - Any anomalies in reporting discovered on 01/16/2020 will be reported to the KEES Helpdesk.

Training

Point of Contact: Courtney Barnett

Training Approach

Staff will be presented with the opportunity to attend an overview course that may be needed for their State training plan. The KEES team has created a demo related to *CR-356E PMDT Based on SSI Income Limit*; this is part of the January 2020 Release. The training team will also conduct various self-employment refreshers. Additionally, Human Resources has organized a blood drive to commence on this day.

- Medicaid Eligibility Course (instructor led training by KDHE Central Office staff) 3 hours
 - This will cover the basic overview of the Medicaid programs
 - Highlight the eligibility requirements
 - Answer basic question related to the Medicaid programs
- Self-employment refresher (KDHE Training Team instructor led training) 2 hours
 - Policy regarding self-employment
 - How self-employment is verified
 - Common quality errors associated this type of income
 - New 2018 tax return forms
 - Entering tax returns and S.E worksheet into KEES
- CR 356E Demo (CBT demo created by KEES Training) 15 mins
 - PMDT based on SSI Income limit
- Agency overview/Medicaid 101 (delivered by KDHE Central Office staff)
 - History of the agency
 - Overview of Medicaid

Training Space

- Training Space at Forbes 2 – Scarecrow's Post Conference room, Lion's Den Conference room, ToTo Training room.
- Notification for enrollment will be sent out late December or early January. Registration will be done via KANU LMS (Learning Management System).

KDHE Training Schedule

- All courses and trainings will be offered 1/17/20
 - *Medicaid Eligibility* (Scarecrows Post)
 - 9:00am-12:00pm
 - 1:00pm-4:00pm
- Medicaid and Agency Overview (Lion's Den)
 - 10:00am- 12:00pm
 - 1:00pm- 3:00pm
- *Self-Employment Refresher (ToTo Training Room)*
 - 9:00am-11:00am
 - 12:30-2:30pm
 - 2:30-4:30pm

KDHE Training Audience

- *KDHE Eligibility staff*
- *Maximus Training team will be invited to the trainings*

KDHE Training Leadership Team

- *Courtney Barnett – Training Manager*
- *Damian Bowie – E and D Training Supervisor*
- *Ashley Fortunato – Family Medical Training Supervisor*

Policy Implementation

Point of Contacts: Kristopher Smith & Erin Kelley

Policy Implementation Schedule

12/17/19: Draft Implementation memo issued

01/16/20: Issue Final Implementation Memo and Manual Updates

01/21/20: Implementation Date