

Kansas Interagency Coordinating Council on Early
Childhood Developmental Services /
Kansas Interagency Coordinating Council
Meeting Minutes
Friday, March 27, 2026

Members Present (20 voting members)

Kathy Kersenbrock Ostmeyer, Chairperson & Service Provider
Melissa Schoenberger, for Melissa Rooker, Kansas Children's Cabinet and Trust Fund
Tricia Waggoner, Kansas Department of Health and Environment (KDHE)
Angel Spann, for Dr. Watson, Kansas Commissioner of Education,
Nichelle Adams, Kansas Dept. for Children and Families (DCF)
Sydney Dringman, Kansas Dept. for Children and Families (DCF)
Shanna Hailey, KS Department of Aging and Disabilities
Bronwyn Fees, KSU, Board of Regents representative
Courtney Hochman, Parent Member
Ann Elliott, Service Provider Member
Erin Schuweiler, Service Provider Member
Tiffany Bartley, Service Provider Member
Kim Kennedy, Kansas Dept. for Children and Families (DCF) (Ex-Officio)

Members Not Present

Lisa Collette, Vice-Chair & Insurance Commission Representative
Alyssa Vanderhoof, Head Start/Early Head Start Representative
Monica Ross, Service Provider Member
Senator Renee Erickson, Legislator
Representative Susan Ruiz, Legislator
Jennifer King, SEAC liaison (Ex-Officio)
Chanda Gross, Medicaid Representative
Marites Altuna, Service Provider Member
Susan Bowles, Service Provider Member
Lesli Girard, Families Together (Ex-Officio)

Nonmembers Present

Stacy Clarke, SICCC Coordinator
Mikayla Lawless, KIPHIC
Jen Pishny, KCCTO
Angela Sharp, Dickinson Co. ITS
Katie Bally, ITS
Neil Rowe, KU-CPPR

Tammy Dreiling, Kid-Link ITS
Angela Pulaski
Chelsea Waters, KU-CPPR

Call to order:

Chair Kathy Kersenbrock Ostmyer called the meeting to order.
Introductions were made by all present (it was noted that there was a quorum).

Meeting Minutes:

The minutes from February were reviewed and approved.
Motion made by Ann Elliott to accept minutes
Second by Erin Schuweiler
Motion carried – All members voted yes

Meeting agenda:

The agenda for March was reviewed and approved with revisions.
Courtney Hochman moved to accept the agenda
Ann Elliott seconded the motion
Motion carried – All members voted yes

Public Comment:

No request came in for public comment.

State Program:

KU-CPPR Medicaid study - Chelsea Waters & Neil Rowe

The final complete report will be released in the summer of 2026. These are the preliminary findings regarding Part C and the SICCC. All slides are attached at the end of this document.

Project Overview

- **Purpose:** Identify barriers and potential pathways to maximize Medicaid reimbursement for Kansas Part C and MCH programs
- **Guiding Questions**
- **Conduct Environmental Scan**
 - Review of federal and state policy
 - Review of materials and documents
 - Publicly available information
 - Internal documents shared with CPPR
 - Perspectives and Insights
 - Local Part C and MCH program coordinators and staff
 - National experts in Medicaid reimbursement

Overview of Requirements for Medicaid Reimbursement

- What **federal and state** statutes and regulations pertain to Medicaid and CHIP reimbursement for **Part C**?
- **How** do these policies work together to fund service provision for Medicaid and CHIP beneficiaries in Kansas?

Findings:

Formal Guidance: Part C Reimbursement

Part C Provider Insights on Formal Guidance

Part C Provider Insight	Illustrative Quote
Part C provider backgrounds differ from those with traditional health care/clinic billing	"...some of our coordinators who are early childhood teachers and they've maybe never really encountered medical code billing."
Negative experiences when seeking ECI billing support from DHCF	"I've called Medicaid and asked [questions about ECI billing], and Medicaid has absolutely no idea Early Intervention even exists."
Limited formal guidance constrains compliance <ul style="list-style-type: none">• For each code: need descriptions, provider type• Some required ECI services not in ECI manual• Uncertainty surrounding joint session billing	"It's always 'we'd have to see how it turns out in an audit,' which no one wants to see how it turns out in an audit."

Coordination: Written Agreements

- MCO Contract Language
- State Interagency MOU
- Assignment of Financial Responsibility

Coordination: SICC Membership

- Official forum to coordinate Part C
- At least one representative from DHCF required
- Option to add more representatives, subject matter expertise (e.g., CHIP, EPSDT)
- Requires governor appointment

Utilization of Funds: CHIP

- MCO Contracts indicate that the **EPSDT benefit is covered under CHIP** (Appendix C, 2.4)
- Local Part C programs **do not** check enrollment or submit claims for CHIP beneficiaries
- **Failure to provide medically necessary** EPSDT services for eligible beneficiaries is non-compliance (Appendix G: Liquidated Damages)
 - MCOs subject to **\$2,500 fine per occurrence per member**

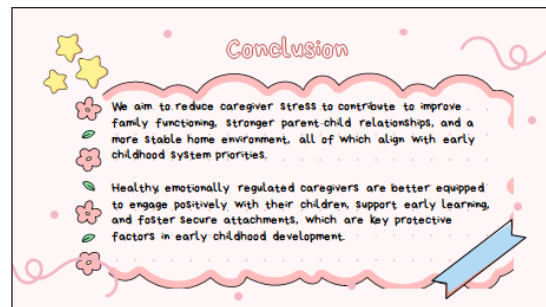
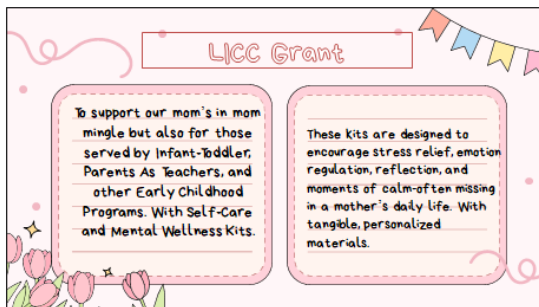
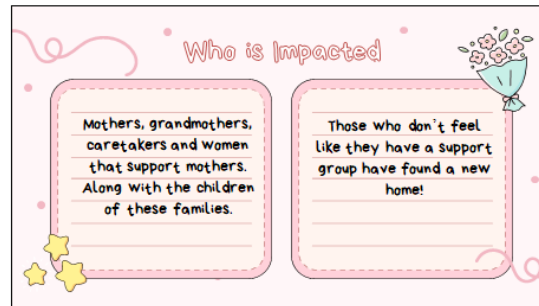
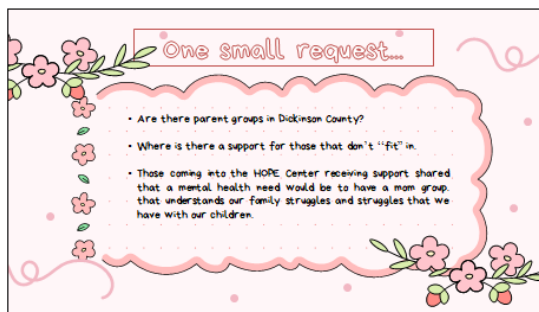
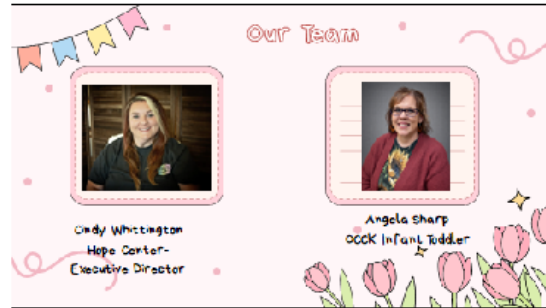
Utilization of Funds: SDAC

- School District Administrative Claiming
 - Funds available to LEAs for administrative activities including outreach, enrollment, and system nav
- Some local Part C programs are operated through LEAs and, therefore, **should be eligible** for SDAC
- Some eligible Part C programs claim SDAC funds, **some do not**
- **No formal guidance** from DHCF or KSDE, despite School-Based Services Audit report (Part B)

Local Program:

Dickinson county – Mom Mingle group – Angela Sharp

This program was started by 2 ladies who saw a need for caregivers, specifically women, to have a supportive group of peers.



- EC Recommendations Panel meeting April 3. The panel is looking for new members. Apply using the link on their home page. [Panel Membership | Kansas Children's Cabinet and Trust Fund](#)
- EC Workforce Convening – April 7

KDADS

- MHIT will have decreased funding next year, but the program was not dismantled. [Mental Health Intervention Team \(MHIT\) | Department for Aging and Disability Services](#)
- Looking to hire a Family Support Specialist

KDHE

Working on the Federal grant

Policy changes are open for comment at [Kansas Early Childhood Developmental Services | KDHE, KS](#)

KSDE

- New commissioner will be hired soon

Families Together

- none

Staff Report

- Processing grant payments & applications
- Attended Kansas Association of Special Education Administrators (KASEA) Conference
- Attended Kansas Division of Early Childhood (KDEC) Conference, assisted with Transitions between Part C and Part B transitions
 - Posters on LICC grant usage & Effective LICCs
- Results Based Facilitation training (3 sessions)
- Attended Greenbush Early Childhood forum
- Met with a Part C program to help with funding questions
- Douglas County LICC is now a non-profit
- Work for committees

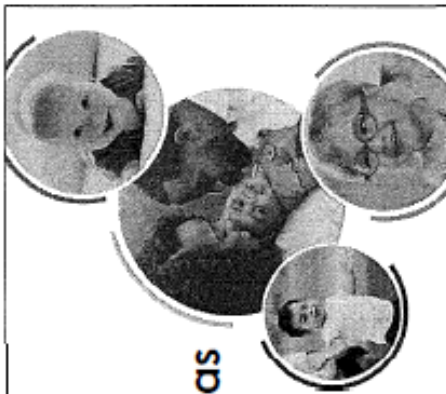
Adjournment:

Motion made by Ann Elliott to adjourn the meeting.

Motion second by Courtney Hochman.

Meeting adjourned at 3:00 pm by Kathy Kersenbrock Ostmeyer

All in favor



Medicaid Reimbursement for Part C in Kansas


Presentation for the Kansas SICC
March 27, 2026




Center for Public Participation and Research

Introductions

Chelsea Waters, PhD
Associate Researcher



Nel Rowe, PhD
Associate Researcher Senior



Agenda

- Project Overview
- Overview of Requirements for Medicaid Reimbursement
- Findings
- Pathways Forward

Project Overview

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Overview of Requirements for Medicaid Reimbursement

What federal and state statutes and regulations pertain to Medicaid and CHIP reimbursement for Part C?

How do these policies work together to fund service provision for Medicaid and CHIP beneficiaries in Kansas?

Public Health Insurance

Program	Medicaid
Statute Social Security Act • Title XIX	Social Security Act • Title XXI
Regulation 42 CFR Chapter IV • Parts 430-456	42 CFR Chapter IV • Part 457
Eligibility Low-income, varies by family size	Above Medicaid threshold, under 250% FPL, under age 19
Federal match 82.50% (FFY2027)	73.75%

Medicaid and CHIP Benefits

- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services
 - Medically necessary services for Medicaid (under age 21) and CHIP (under age 19) beneficiaries
 - KAN-Be-Healthy is the EPSDT benefits program in Kansas
- Targeted case management
- Medicaid administrative claiming

Medicaid and CHIP Mechanisms

Federal	State
Medicaid <ul style="list-style-type: none"> • State Plan • State Plan Amendments (SPAs) • Waivers <ul style="list-style-type: none"> • Section 1115, Section 1915 	HB2240 enacted in 2025 <ul style="list-style-type: none"> • Requires legislative approval prior to seeking federal authorization for modifying or adding public health programs that would: <ul style="list-style-type: none"> • expand eligibility • increase costs
CHIP <ul style="list-style-type: none"> • State Plan • SPAs • Allotment Adjustment • Health Services Initiatives (HSIs) 	

Medicaid: Payor of Last Resort



Part C: Payor of Last Resort

- **Statute:** 20 U.S.C. 1435(a)(10)(B), 1437(a)(2), 1440(a), 1440(c)
- **Regulation:** 34 CFR 303.510
- **Nonsubstitution of funds**
 - Federal Part C funds must not be used to satisfy a financial commitment from another public or private source

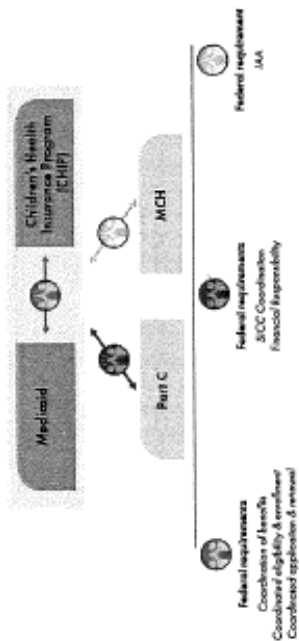
Part C: Funding Considerations

- **Out-of-pocket cost to families:** No fees
- **Private insurance:** Can only require families to utilize private insurance if:
 - Parents provide consent and
 - If state statute ensures no loss of benefits, increase in premiums, or negatively affects coverage
- **Public insurance/benefits:** Yes

Part C: Funding Considerations

- **Public insurance/benefits**
 - Federal financial participation
 - State match*
- **Federal allocation for Part C (IDEA)**
- **State MOE**
 - State appropriations for Part C
 - Medicaid state match
 - State funds budgeted from other agencies
 - Local public funds
- **Certification of Financial Responsibility**

Coordination and Guidance



Section Conclusion

While Medicaid is traditionally the payor of last resort, Part C is a statutorily designated post-Medicaid payor of last resort. Federal requirements provide framework for coordination between entities to ensure compliance.



Overview

- **Formal Guidance**
 - Post-Medicaid Payors of Last Resort
 - Formal Guidance for Part C
- **Coordination**
 - Written Agreements
 - Intra-Agency Communication
 - SICC Membership
- **Utilization of Funds**
 - Medicaid, CHIP, and SDAC



Findings

What is the current state of Medicaid and CHIP reimbursement for Kansas Part C?
 To what extent do reimbursement practices for Part C in Kansas comply with federal and state policy?

Formal Guidance: Payor of Last Resort

The diagram illustrates the flow of payment for services. It starts with a box for 'Payor of Last Resort' which includes 'Crisis Victims Fund', 'Auto Insurance', and 'Supplemental Income (Medi-?)'. This box is connected to a larger box for 'Payer of Last Resort' which includes 'Crisis Victims Fund', 'Crisis Health Services (CHS)', 'Children and Families Health Care Needs (CFHCN)', and 'Kansas Department for Children and Families (DCF)'. This box is then connected to a box for 'General TPL Payment'. A separate box on the left lists 'Exempt (not insurance)' categories: 'Primary discount cards', 'United Specialty Ltd (charity)', 'Children and Families Health Care Needs (CFHCN)', and 'Health care sharing ministry'.

Formal Guidance: Part C Reimbursement

Part C Provider Insights on Formal Guidance

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Formal Guidance: Part C Reimbursement

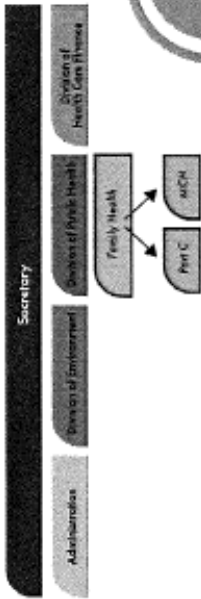
"So what am I supposed to do?
 Well, I don't know. [...] If I knew, I would do it."
 – Local Part C Program Coordinator

Coordination: Written Agreements

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Coordination: Intra-Agency Communication

KDHE Organizational Chart



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Utilization of Funds: Medicaid

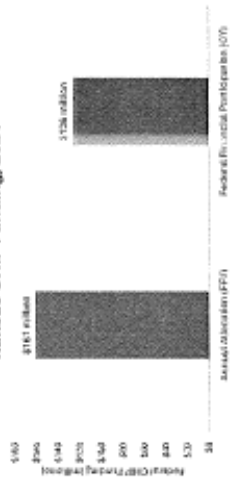
Part C Funding Sources, SFY 2024

Funding Source	Total Kansas Funding (%)	Average National Funding (%)
Federal Part C	12%	13%
State Funding	71%	84%
Medicaid	13%	18%
Federal Match	9%	-
State Match	3%	-

Note: Local and private funding removed for simplicity but counted as part of MIDE.

Utilization of Funds: CHIP

Kansas CHIP Funding, 2024



Utilization of Funds: CHIP

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Ways Forward

- Recommendations informed by report findings
 - **Strengthen Coordination (DHCF-8FH)**
 - Update IAAs, establish shared understandings and processes
 - **Improve Clarity and Accuracy (MCOs, local programs)**
 - Revise existing documentation (e.g., provider manuals, MCO RFP language), create new documentation
 - **Provide Support (local programs)**
 - Ensure reliable communication, disseminate guidance
 - Looking at what other states are doing
 - Leveraging data

Pathways to Maximize Medicaid Reimbursement in Kansas

What are pathways to maximize Medicaid reimbursement for Part C in Kansas?



Thank you!

- Questions
- Comments



Conclusion

- **Coordination and compliance** go together.
- Federal requirements offer a **framework** for Medicaid reimbursement.
- Kansas can take practical steps to **improve** coordination and compliance **and maximize** Medicaid reimbursement.