

# State of Kansas Progress Summary on Spending Plan for Implementing Section 9817 of the American Rescue Plan Act

January 2023



**Contents**

State of Kansas Progress Summary on Spending Plan for Implementing Section 9817 of the American Rescue Plan Act..... 1

Background ..... 4

Progress Summary..... 4

Workforce ..... 0

    April 2022 Workforce Initiatives Progress Update: ..... 0

    July 2022 Workforce Initiatives Progress Update: ..... 1

    October 2022 Workforce Initiatives Progress Update: ..... 2

Employment ..... 3

    July 2022 Employment Initiatives Progress Update: ..... 3

    October 2022 Employment Initiatives Progress Update: ..... 4

Access to Care ..... 5

    April 2022 Access to Care Initiatives Progress Update: ..... 7

    July 2022 Access to Care Initiatives Progress Update: ..... 7

    October 2022 Access to Care Initiatives Progress Update: ..... 8

    April 2022 Staffing Support Progress Update: ..... 9

    July 2022 Staffing Support Progress Update: ..... 10

    October 2022 Staffing Support Progress Update: ..... 10

Leverage More Community-Based Resources to Support Health Equity. .... 10

    April 2022 CHW Progress Update: ..... 11

    July 2022 CHW Progress Update: ..... 11

    October 2022 CHW Progress Update: ..... 12

Housing and Homelessness Incentive Program to Support HCBS. .... 12

    April 2022 Housing and Homelessness Progress Update: ..... 13

    July 2022 Housing and Homelessness Progress Update: ..... 13

October 2022 Housing and Homelessness Progress Update: .....	13
State Infrastructure Support .....	13
April 2022 State Infrastructure Progress Update: .....	14
July 2022 State Infrastructure Progress Update: .....	14
October 2022 State Infrastructure Progress Update: .....	14
Training for Primary Care and Dental Providers to Expand and Improve Services to HCBS Patients. ....	14
April 2022 Provider Training Progress Update: .....	15
July 2022 Provider Training Progress Update: .....	15
October 2022 Provider Training Progress Update: .....	15
Evaluation of the STEPS Employment Support Pilot Program. ....	15
April 2022 STEPS Evaluation Progress Update: .....	16
July 2022 STEPS Evaluation Progress Update:.....	16
October 2022 STEPS Evaluation Progress Update:.....	16
New Projects and Initiatives .....	16
January 2023 Progress Update:.....	17

## **Background**

On March 11, 2021, President Biden signed into law the American Rescue Plan Act (ARPA). Section 9817 provides enhanced federal funding for Medicaid Home and Community Based Services (HCBS) through a one-year 10 percent increase to the share of state Medicaid spending contributed by the federal government. This one-year increase in federal matching funds will result in new, time-limited dollars that can be strategically invested in HCBS services in the state of Kansas through March 31, 2025.

As a condition of drawing the enhanced federal matching funds, Kansas is providing the following assurances to the Centers for Medicare & Medicaid Services (CMS): Kansas will use the federal funds attributable to the increased federal medical assistance percentage (FMAP) to supplement, and not supplant, existing state funds expended for Medicaid Home and Community Based Services (HCBS) in effect as of April 1, 2021.

Kansas will use the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program.

Kansas will not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021.

Kansas will preserve covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021.

Kansas will maintain HCBS provider payments at a rate no less than those in place as of April 1, 2021.

## **Progress Summary**

This progress summary describes the status of each project contained in the initial spending plan for the state of Kansas as administered by two state agencies: the Kansas Department of Health and Environment (KDHE), and the Kansas Department for Aging and Disability Services (KDADS). KDHE is the single state Medicaid agency. KDADS administers the state's 1915(c) HCBS waivers and oversees the state's PACE programs.

## Workforce

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Recruiting and retaining a qualified workforce is important in every industry, but it is critical to the independence and well-being of individuals receiving Home and Community Based Services. Retention incentives and recruitment bonuses, as well as robust training opportunities aim to bring direct service workers into the field. Further, exploration of a direct service worker Career Ladder can help build a pipeline for future workforce needs.

The proposed workforce-related projects are targeted at providers delivering services that are listed in Appendix B of the State Medicaid Director Letter (SMDL) which will then, in turn, benefit the individuals who are receiving Home and Community Based Services through the Kansas 1915c waivers. The proposed initiatives will target the recruitment, retention, and training of providers of direct, hands-on personal care services, albeit agency-directed or self-directed, through the 1915c waivers. Kansas does not offer personal care services through its State Plan, only through the 1915c waivers, therefore, the proposals meet the requirements of Appendix B of the SMDL. Workforce shortages are a significant concern that Kansas aims to address with these initiatives to ensure a qualified workforce is available to HCBS waiver participants.

Workforce Retention Bonus Program	\$ 51,000,000
Training Grants	\$ 5,100,000
Study & Design Career Ladder	\$ 1,000,000
<b>Total Workforce Initiatives</b>	<b>\$ 57,100,000</b>

### April 2022 Workforce Initiatives Progress Update:

KDADS launched a Workforce Recruitment and Retention Bonus Initiative on March 28, 2022. The Initiative aims to provide bonus pay to direct service workers and their immediate supervisors that are delivering critical HCBS services to both self-directed and agency directed participants. It is estimated that direct service workers and their immediate supervisors will receive \$2,000 for retention bonuses

and \$1,500 for recruitment bonuses. Final distribution amounts will depend on the number of requests received. Providers and fiscal agents have through April 29, 2022, to submit staffing information for the bonus disbursement. KDADS has held two webinars, and multiple meetings with stakeholders to promote the initiative, answer questions, and provide technical assistance. All program materials, including FAQ documents are available on the KDADS website at <https://kdads.ks.gov/funding-opportunities>.

In addition, KDADS is working to draft RFP language for the Training Grants project, as well as the Study & Design Career Ladder project. The agency expects to have additional updates available for the next quarterly report.

To date, KDADS has no expenditures to report for the projects listed under the Workforce Initiatives category, though future quarterly reports will certainly begin to pick up expenditures.

### **July 2022 Workforce Initiatives Progress Update:**

KDADS launched a Workforce Recruitment and Retention Bonus Initiative on March 28, 2022. The Initiative aims to provide bonus pay to direct service workers and their immediate supervisors that are delivering critical HCBS services to both self-directed and agency directed participants. It is estimated that direct service workers and their immediate supervisors will receive \$2,000 for retention bonuses and \$1,500 for recruitment bonuses. KDADS has received 212 applications for the program benefitting 28,574 Direct Service Workers and their Immediate Supervisors. A total of \$50,944,132.00 has been allocated for distribution to Provider Agencies for the bonus program. The Managed Care Organizations will be distributing the funds to the HCBS providers to payout the bonuses for their staff. KDADS has held two webinars, and multiple meetings with stakeholders to promote the initiative, answer questions, and provide technical assistance. All program materials, including FAQ documents

were available on the KDADS website during the open application period. KDADS is currently processing signed beneficiary agreements and will begin disbursing the funds to Managed Care Organizations beginning as soon as possible.

In addition, the RFP for the Training Grants project is written and currently working through the State procurement process in preparation for release. KDADS is working to draft RFP language for the Study & Design Career Ladder project with stakeholder input. The agency expects to have additional updates available for the next bi-annual report.

To date, KDADS has no expenditures to report for the projects listed under the Workforce Initiatives category, though future reports will certainly begin to pick up expenditures.

**October 2022 Workforce Initiatives Progress Update:**

As of October 12, 2022, a total of \$50,944,068.00 has been transferred to the Managed Care Organizations who have distributed funds to providers and fiscal agents who have begun the process of granting employees retention and recruitment bonuses. Providers have until March 31, 2023 to distribute these funds.

KDADS has prepared a draft RFP for the Study & Design Career Ladder project with stakeholder input. KDADS is awaiting additional information to submit to procurement for posting.

**January 2023 Workforce Initiatives Progress Update:**

KDADS is in the final bonus period, a total of \$50,944,068.00 has been transferred to the Managed Care Organizations who distributed funds to providers and fiscal agents who are continuing with the process of granting their Direct Service Workers and Supervisors retention and recruitment bonuses. The deadline for bonus distribution is March 31, 2023. At that time providers and fiscal agencies will send in a closeout survey and any funding they have not been able to utilize. To date

\$1,330,804.00 in incentive funds have been returned to KDADS due to agency closures.

KDADS has submitted an RFP to Procurement to study and design a defined career ladder for Direct Service Workers (DSW) that will enable them to develop career enhancing skills valuable to self and others allowing them to be promoted in their current or other healthcare occupations that have higher compensation as well as a workforce need.

KDADS has also submitted an RFP to procurement for the creation of a Direct Service Worker Workforce Training Program. The program allows training providers to apply for funding to create training and professional development for DSWs. These competency-based trainings will ensure that DSWs have the knowledge, skills, and abilities to provide person-centered, quality support. To date no funding has been expended on these initiatives.

## **Employment**

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Availability of competitive, integrated employment for individuals with disabilities is the aim of the Employment First initiative. Kansas intends to utilize this funding opportunity to study and create a roadmap to a complete and robust implementation of Employment First.

Employment First Study	\$ 2,000,000
Total Employment Initiatives	\$ 2,000,000

### **July 2022 Employment Initiatives Progress Update:**

KDADS has planned meetings with stakeholders to discuss the direction and objectives for the proposed Employment First Study. These sessions will aid KDADS staff in the development of the RFP



language for this initiative. The agency expects to have further updates available for future reporting periods.

To date, KDADS has no expenditures to report for the project listed under the Employment Initiatives category.

### **October 2022 Employment Initiatives Progress Update:**

KDADS has hosted a stakeholder meeting in September 2022. Stakeholders have requested that KDADS use goal #2 under the Kansas Employment First Oversight Commission 2021 Recommendations to the Governor and Members of the Kansas Legislature as guidance for this initiative. [Employment First (ks.gov)]

**#2. Create a Detailed Systems Change Implementation Plan & Finally Deliver on the Kansas Legislature’s Promise of Employment First:**

The \$2 million in enhanced federal funding should be squarely focused on creating a detailed systems change implementation plan to finally deliver on the Kansas Legislature’s promise of Employment First. This plan needs to detail the specific, actionable changes that need to occur to finally make Employment First an everyday reality in Kansas. Successful implementation of the Employment Law is what has been lacking for the past 10 years. As part of this implementation, this plan should include the creation of many different initiatives, from whole scale changes to pilot projects, all designed to make Employment First an everyday reality. These could include everything from enhancements and changes in provider rates and rate structures (including but not limited to supported employment), as well as initiatives demonstrating how to build a successful business model around moving away from non-competitive and non-integrated settings. Instead of just “theories” and “ideas,” Kansas needs actual, meaningful and replicable change to occur, thus finally and fully implementing the law and delivering on the promise of Employment First.

Based upon this feedback, an RFP has been drafted and a Scope of Work power point to be shared with stakeholders at the next meeting in October 2022. After further discussion with stakeholders, the RFP will be submitted to procurement for posting.

Christina Ferguson was hired as the Employment 1<sup>st</sup> Specialist November 14, 2022. KDADS is holding regular stakeholder meetings regarding Employment 1<sup>st</sup>. The next scheduled meeting will be held January 26, 2023.

KDADS has applied for 100 hours of technical assistance through the National Expansion of Employment Opportunities Network (NEON). The priority for this technical assistance request is provider rate reconstruction with subject matter experts. KDADS will be notified soon if awarded.

KDADS has received a one-year complimentary membership to the Association of People Supporting Employment First (APSE). Employment First Specialist is attending all pertinent webinars that will be applicable and beneficial for Kansas.

KDADS has drafted a request for proposal. Procurement is currently reviewing it.

## **Access to Care**

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Initiatives in this category are intended to expand accessibility to Home and Community Based Services through studies of the Kansas HCBS waiting lists, TCM models, and justice-involved individuals with disabilities. Increased access to institutional transition services and trainings for parents and providers working with individuals with intellectual and developmental disabilities and behavioral health challenges are planned to be addressed.

The projects proposed under the category of Access to Care are targeted to

both strengthen the HCBS service delivery system and to provide services directly to individuals who are receiving HCBS through one of Kansas’ 1915c waivers. The Waiting Lists study, TCM study, and Sequential Intercept Model (SIM) consultant projects are intended to provide the state with valuable information about the needs of both waiver participants and overall delivery system needs. In particular, the SIM consultation will allow Kansas to bring together professionals and experts to assist Kansas in identifying gaps in services that would strengthen the continuum of care, focusing on justice-involved dual-diagnosis individuals with disabilities.

The Transition Services, Mobile Crisis, Behavioral Management Family Training Pilot are each aimed at providing direct services to 1915c waiver participants and their families. The Transition Services project would provide support to individuals desiring to move from an institutional setting to receiving HCBS in their homes. The State confirms it will not pay for room and board as part of the activities of this program.

The Remodeling Grants—HCBS Providers proposal would include capital investments as permitted under 9817 of the ARP. Kansas proposes to provide grant opportunities to HCBS providers that demonstrate the ability to come into compliance with the HCBS settings criteria but for the need of small to moderate capital improvement projects. The State understands that these investments would be required to result in settings that are fully compliant with the settings final rule and that FFP could not be claimed for capital investment activities approved in ARP section 9817.

Study I/DD & PD Waiting Lists	\$ 1,000,000
Transition Services	\$ 1,500,000
Study Targeted Case Management Models	\$ 1,000,000
Mobile Crisis Response for I/DD	\$ 3,500,000
Sequential Intercept Model (SIM) Consultant	\$ 30,000
Behavioral Management Family Training Pilot	\$ 2,000,000
Settings Rule Remodeling Grants	\$ 5,400,000
Total Access to Care Initiatives	\$ 14,430,000

### **April 2022 Access to Care Initiatives Progress Update:**

The I/DD & PD Waiting List Study RFP is written and currently working through the State procurement process in preparation for release. The RFP for Targeted Case Management Model Study has been drafted and will be entering the procurement process. KDADS is currently in discussions with Policy Research Associates (PRA) regarding scheduling a statewide Sequential Intercept Model Mapping Workshop for July of 2022. Additionally, outreach has been made to schedule meetings to review the Behavioral Management Family Training Pilot with stakeholders to help formulate the pilot design. Further details will be provided in upcoming reports on all projects as progress continues to be made.

To date, KDADS has no expenditures to report for the project listed under the Access to Care Initiatives category.

### **July 2022 Access to Care Initiatives Progress Update:**

I/DD and PD Waiting List Study RFP is in the RFP review. KDADS anticipates this study will begin in the next few months. The RFP for Targeted Case Management Model Study is in the process of being posted by KDADS procurement, as well. KDADS has finalized its agreement with Policy Research Associates (PRA). KDADS and its stakeholders are conducting meetings regarding key topics, dates, and attendees for the upcoming Sequential Intercept Model Mapping (SIM) Workshop. KDADS is working with PRA to host the Workshop in the fall. KDADS anticipates the SIM workshop will provide resources to enhance other Access to Care Initiatives. KDADS is also in the early stages of meeting with stakeholders and planning for the RFP for a Mobile Crisis Response for I/DD.

### **October 2022 Access to Care Initiatives Progress Update:**

I/DD and PD Waiting List Study RFP has been granted to the University of Kansas and they are in the process of gathering waitlist information. The RFP for Targeted Case Management Model Study was posted, and questions were answered in October 2022. KDADS has provided responses to procurement for posting. KDADS has met with stakeholders for the Sequential Intercept Model Mapping (SIM) Workshop that is set and ready to go for a 2-day event in November 2022. KDADS is working with PRA to host the Workshop in the fall. KDADS anticipates the SIM workshop will provide additional resources to enhance other Access to Care Initiatives as well. KDADS continues to be in the early stages of meeting with stakeholders and planning for the RFP for a Mobile Crisis Response for I/DD.

### **November 2022 Access to Care Initiatives Progress Update:**

I/DD and PD Waiting List Study RFP has movement with requests from KU for data sets to review and get started. These are going through legal to ensure information being delivered complies with HIPAA. There are some questions that need addressed and meeting set up for first part of December with KU. The RFP for Target Case Management Model Study has selected a vendor and sent to procurement.

### **December 2022 Access to Care Initiatives Progress Update:**

I/DD and PD Waiting List Study, KDADS has sent over data sets for Waiting List and Waiting List removal. KDADS met with KU regarding the data tracking set requests (Crisis/Appeals, Functional Eligibility, Programmatic Eligibility data with Race and Ethnicity as part of assessment, AIRS, Contact Information, MCO Risk Scores, Survey discussion); sent to Legal for clarification on what information is acceptable to send and remain in compliance with HIPPA. Legal approved Crisis Data to be sent over for second data set to KU. Legal responded with minimum data for the survey to stay compliant. For

the Targeted Case Management Model Study, KDADS sent over the justification on the recommended selected vendor to procurement.

Kansas Statewide Sequential Intercept Model (SIM) conference was held on November 9<sup>th</sup> and 10<sup>th</sup>. During the two-day conference 80 individuals from various disciplines including mental health, disability services, advocates, law enforcement, corrections, housing, and state agencies assembled to discuss critical needs for individuals living with complex issues. Kansas is the first state to hold a SIM Conferences that focuses on better serving individuals who are living with mental health and I/DD. The conference was facilitated by Policy Research Associates (PRA). Professionals discussed case study examples and identified barriers that exist in Kansas system. Organizations that facilitated previous SIM Conferences discussed how they used the report to make change in their work. The second day ended with professionals identifying six key areas to focus on moving forward. FMAP team will use the SIM report to guide additional initiatives to help individuals living with complex needs.

Finally, KDADS intends to hire additional staff positions to implement and oversee the projects listed above associated with this funding opportunity. It is crucial that the agency be appropriately resourced to carry out this work efficiently and effectively to maximize the opportunity presented to the State and to meet the quarterly federal reporting requirements.

**April 2022 Staffing Support Progress Update:**

KDADS has successfully hired 1.0 FTE position to oversee the approved Section 9817 projects. Additional positions to manage the grant initiatives and strengthen and support program quality and oversight are in the recruitment process.

To date, KDADS has no expenditures to report for the additional staff support, as the timing of the hire and payroll period fall outside of this

reporting period. As additional staff are onboarded, KDADS will include the payroll expenditures in its reporting.

#### **July 2022 Staffing Support Progress Update:**

KDADS has hired an additional 2.0 FTE positions to oversee the approved section 9817 projects. Two additional staff to manage the grant initiatives to strengthen and support program quality and oversight are in the recruitment process. To date, KDADS has spent **\$40,007.64** in staffing support for 3.0 FTE positions supporting the 9817 projects.

#### **October 2022 Staffing Support Progress Update:**

To date, KDADS has spent **\$122,203** in staffing support for 3.0 FTE positions supporting the 9817 projects. There are currently 2 additional open positions Work Force, Employment 1<sup>st</sup> Specialist and the HCBS Waiting List/TCM Study Coordinator. Several interviews have occurred for both positions and there was one offer provided to a HCBS Waiting List/TCM Study Coordinator position, however, the applicant withdrew due to salary. Unfortunately, we have not received the qualified applicants we had hoped, for these open positions.

### **Leverage More Community-Based Resources to Support Health Equity.**

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Stakeholder groups have approached the state about incorporating community health workers (CHWs) into the Medicaid program, with the goal of increasing health equity. CHW activities would strengthen care coordination by connecting beneficiaries with available healthcare services and social supports to address social determinants of health; health education for ARPA Section 9817 eligible program beneficiaries with high-cost chronic conditions; health assessments and environment health assessments; referrals; rural oral health referrals; and oral health referrals for disabled adults.

Initiatives in this area would include exploring contractual agreements with the public health departments, FQHCs, or other entities employing CHWs in which they would act as liaisons with the MCOs. KDHE would also partner with the state's Division of Public Health to establish contracts with entities employing CHWs. The state would also include an evaluation component, which should be intended to inform the role of CHWs in the next iteration of Medicaid managed care (KanCare). The goal of these initiatives is to improve access to community-based services to help ensure that ARPA Section 9817 eligible Medicaid beneficiaries are able to live safely in the community. KDHE would pursue this in a manner which would keep this funding out of capitation rates.

#### **April 2022 CHW Progress Update:**

KDHE has been working with our colleagues in the Division of Public Health to design pilot projects for Medicaid CHW investments, with a focus on the HCBS population and emerging areas of need. Part of our work involves researching strategies for ongoing Medicaid support of CHWs. At present, the Division of Public Health is finalizing proposals for the Medicaid division to consider. To date, no funds have been spent toward this initiative.

#### **July 2022 CHW Progress Update:**

KDHE has been working with the Division of Public Health and community partners to design a pilot project for CHWs with a focus on the HCBS population and emerging areas of need. A draft proposal has been developed, and the team is meeting in late July to review to ensure Section 9817 compliance.

In April, the state also reported that KDHE was researching strategies for ongoing Medicaid support of CHWs. Since that time, we have identified possible sustainability options that include Section 9817 funding and non-Section 9817 funding. KDHE is discussing those options with other states that have achieved sustainable CHW funding. To date, no funds have been spent toward this initiative.



### **October 2022 CHW Progress Update:**

I/DD and PD Waiting List Study RFP has movement with requests from the KU for data sets to review and get started in November 2022. These are going through legal to HIPAA. Questions regarding the data will be followed up in the December meeting. KU received the Waiting List and Waiting List Removal data in December. KDADS met with KU regarding the data tracking set requests (Crisis/Appeals, Functional Eligibility, Programmatic Eligibility data with Race and Ethnicity as part of assessment, AIRS, Contact Information, MCO Risk Scores, Survey discussion); sent to Legal for clarification on what information is acceptable to send and remain in compliance with HIPAA. Legal approved Crisis Data to be sent over for second data set to KU. Legal responded with minimum data for the survey to stay compliant.

The RFP for the Targeted Case Management Model Study selected a vendor and has been sent to procurement. KDADS sent over the justification on the recommended selected vendor to procurement.

### **Housing and Homelessness Incentive Program to Support HCBS.**

Initiatives in this area would include developing an incentive program allowing MCOs to earn additional bonus payments for creating housing investments in Kansas for Section 9817 eligible program beneficiaries, such as short-term housing subsidies and partnerships with community-based housing organizations. The purpose of this activity is to encourage the Medicaid MCOs to invest in housing for members who lack housing stability and are at risk for institutional placement due to health needs complicated by homelessness or inadequate housing. These activities would be targeted at individuals who are receiving services described in Appendix B to SMD #21-003. The state would seek to learn from this time-limited pilot to inform the next iteration of KanCare.

This incentive program would *not* pay for room and board but would enable MCOs to earn incentive payments for housing investments. For example, one Medicaid MCO is currently working on a performance improvement plan (PIP) to provide housing resources for members who are homeless or at-risk of homelessness. That PIP includes working with homeless shelters to connect members with needed services and investing in transitional housing units to help serve medically complex members who are homeless and have high utilization in medical claims.

This incentive program would encourage similar investments in housing supports but would not pay for room and board or capital investment costs.

#### **April 2022 Housing and Homelessness Progress Update:**

KDHE intends to begin discussions with the MCOs later this spring, after the legislative session has concluded. To date, no funds have been spent toward this initiative.

#### **July 2022 Housing and Homelessness Progress Update:**

KDHE has had to postpone discussions with the MCOs as other, more urgent priorities have arisen. We hope to reschedule these discussions for fall 2022. To date, no funds have been spent toward this initiative.

#### **October 2022 Housing and Homelessness Progress Update:**

KDHE has had to postpone discussions with the MCOs as other, more urgent priorities have arisen. We hope to reschedule these discussions for winter 2022. To date, no funds have been spent toward this initiative.

### **State Infrastructure Support**

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The state would seek to invest in IT infrastructure to better detect and prevent fraud, waste, and abuse in HCBS services. Specific initiatives would include paying one-time costs to link Pondera, a data analytics solution, to the state's MMIS system so that the state's Medicaid Fraud Control Unit

and Medicaid Inspector General's Office can mine Medicaid data more efficiently. The goal of this initiative would be to identify and deter improper payments that may be wasting HCBS resources, and to support the Medicaid Inspector General's strategic plan to conduct targeted reviews of HCBS services. Section 9817 funding can help these important functions acquire data analytics tools that otherwise would not be accessible given their available resources.

#### **April 2022 State Infrastructure Progress Update:**

The systems work necessary to link the Pondera solution to the state's MMIS is in process. The state's systems contractor has transferred a test file to Pondera and is awaiting feedback on the success of that transfer. To date, no funds have been spent toward this initiative.

#### **July 2022 State Infrastructure Progress Update:**

The systems work necessary to link the Pondera solution to the state's MMIS has been completed, and the parties have agreed to a standard data set and reporting frequency. The state's fiscal agent is currently working to pull four years of historical data as part of the initial data transfer. That initial data transfer is scheduled to occur the week of July 18. The state has encumbered \$21,671.21 to pay invoices for systems work completed to date, but no funds have actually been spent yet.

#### **October 2022 State Infrastructure Progress Update:**

The initial data transfer has occurred.

### **Training for Primary Care and Dental Providers to Expand and Improve Services to HCBS Patients.**

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Initiatives in this area would include hiring a consultant or other outside entity to work with the KDHE training team to design and develop a

curriculum to train PCPs and dentists to better serve HCBS and other ARPA Section 9817 beneficiary groups. This training would be available to PACE network providers, primary care providers, and dentists. This initiative would seek to enhance, expand, and strengthen medical services provided to HCBS consumers to ensure that primary medical care is tailored to HCBS consumers' unique needs. The state also hopes that offering this training will encourage more providers to enroll in Medicaid to help serve this population. The state would seek to partner with a disability organization to research and deploy the evidence-based training program or curriculum and provide certifications and/or incentive payments to providers who complete the training. The preferred mechanism for any incentive payments would be outside of capitation rates.

**April 2022 Provider Training Progress Update:**

KDHE intends to begin planning discussions with stakeholders later this spring. To date, no funds have been spent toward this initiative.

**July 2022 Provider Training Progress Update:**

KDHE engaged in stakeholder discussions in late spring 2022 concerning the Kansas adult dental benefit. Those discussions yielded some valuable input on how the state can improve access to dental services for HCBS members. KDHE intends to begin planning discussions on possible procurement activities to support this activity later in the summer. To date, no funds have been spent toward this initiative.

**October 2022 Provider Training Progress Update:**

KDHE has begun discussions on possible procurement activities to support this activity. To date, no funds have been spent toward this initiative that has not yet been fully implemented.

**Evaluation of the STEPS Employment Support Pilot Program.**

Kansas' approved 1115 waiver includes a pilot project to provide pre-employment services, on-the-job supports, independent living counseling,

and other supportive services to assist Medicaid beneficiaries in finding and keeping competitive, integrated employment. The state would seek to retain our EQRO to conduct an in-depth evaluation of the pilot to help inform the next iteration of KanCare. As described in STC #22, the target population for the STEPS program includes HCBS participants, those on wait lists for 1915(c) HCBS waivers, and individuals who receive services through SSI or SSDI and have qualifying behavioral health diagnoses. Although the STEPS program serves the HCBS population, HCBS funding does not pay for the program. Therefore, Section 9817 funding used for this evaluation would only supplement, not supplant, existing HCBS funding.

#### **April 2022 STEPS Evaluation Progress Update:**

KDHE has identified a vendor and has been discussing evaluation design with that vendor. Tentative plans are for evaluation work to commence during summer or fall 2022. To date, no funds have been spent toward this initiative.

#### **July 2022 STEPS Evaluation Progress Update:**

KDHE's contracted researcher began work on this project on July 1, 2022. To date, no funds have been spent toward this initiative. The vendor will bill KDHE in accordance with the approved task order.

#### **October 2022 STEPS Evaluation Progress Update:**

To date, no funds have been spent toward this initiative. The vendor will bill KDHE in accordance with the approved task order.

### **New Projects and Initiatives**

The goal of new projects and initiatives is to bring new ideas to life. These programs fall in line with guidelines from CMS ARPA Section 9817. Stakeholders within Kansas are asking for programs that support independence, personal choice, and enhancing of HCBS waiver services. CMS has approved funding for a collaborative program with Kansas Department of Aging and Disability Services and Kansas Department of Children and

Families. This initiative program developed from the Kansas Autism task force creates a centralized accessible hub for training and connecting parents with the newly developed Kansas Foster Parent Resource Center (KFRP). The goal is to increase engagement of stakeholders, educate professionals and foster parents within the system. Outcomes from the project will ensure that complex Autism cases are served at an early age and provides critical support to care givers of children living with Autism.

### **January 2023 Progress Update:**

KDADS and the Kansas Department of Children and Families (DCF) are in the beginning stages of collaboration on the Autism Training Support Project. KDADS and DCF will partner on this project to ensure compliance with all CMS requirements. The Kansas Department of Children and Families will direct the program aspect of the project. This initiative is a high priority for both KDADS and DCF. To date no funding has been expended on this project.

## Budget

	Total Estimated Project Cost	Year 1 Projected	Year 2 Projected	Year 3 Projected	Total Expend Through 6/30,
<b>Workforce - KDADS</b>					
Workforce Retention Bonus Program	51,000,000	10,000,000	41,000,000	0	40,0
Training Grants	5,100,000	2,500,000	1,750,000	850,000	
Study & Design Career Ladder	1,000,000	0	0	1,000,000	
<b>Total Workforce Initiatives</b>	<b>57,100,000</b>	<b>12,500,000</b>	<b>42,750,000</b>	<b>1,850,000</b>	<b>40,008</b>
<b>Community-Based Resources - KDHE</b>					
Community Health Worker Funding	2,000,000	500,000	750,000	750,000	
<b>Total Community-Based Resources</b>	<b>2,000,000</b>	<b>500,000</b>	<b>750,000</b>	<b>750,000</b>	-
<b>Employment - KDADS</b>					
Employment First Study	2,000,000	500,000	1,500,000	0	
<b>Total Employment Initiatives</b>	<b>2,000,000</b>	<b>500,000</b>	<b>1,500,000</b>	<b>0</b>	-
<b>Housing and Homelessness - KDHE</b>					
MCO Housing Investment Incentives	1,000,000	250,000	500,000	250,000	
<b>Total Housing Initiatives</b>	<b>1,000,000</b>	<b>250,000</b>	<b>500,000</b>	<b>250,000</b>	-
<b>Access to Care - KDADS</b>					
Study I/DD & PD Waiting Lists	1,000,000	500,000	500,000	0	
Transition Services	1,500,000	500,000	500,000	500,000	
Study Targeted Case Management Models	1,000,000	1,000,000	0	0	
Mobile Crisis Response for I/DD	3,500,000	1,500,000	1,500,000	500,000	
Sequential Intercept Model (SIM) Consultant	30,000	30,000	0	0	
Behavioral Management Family Training Pilot	2,000,000	250,000	1,250,000	500,000	
Settings Rule Remodeling Grants	5,400,000	400,000	3,000,000	2,000,000	

Total Access to Care Initiatives	<b>14,430,000</b>	4,180,000	6,750,000	3,500,000	-
<b>State Infrastructure - KDHE</b>					
MMIS Work for Pondera Solution	100,000	100,000		0	
Total State Infrastructure Initiatives	<b>100,000</b>	100,000	0	0	
<b>Project Administration - KDADS</b>					
HCBS Final Settings Program Staff	2,500,000	833,000	834,000	833,000	
HCBS Waiver Program Staff	2,500,000	833,000	834,000	833,000	
Finance, Data, & Reporting Staff	1,500,000	500,000	500,000	500,000	
Agency FMAP Project Coordinator	300,000	100,000	100,000	100,000	
Total Project Administration Expenses	<b>6,800,000</b>	2,266,000	2,268,000	2,266,000	40,008
<b>HCBS Provider Training - KDHE</b>					
Consultant /Curriculum Development Costs	150,000	150,000			
Training Costs	250,000	50,000	200,000		
Certifications/Incentive Payments	200,000	50,000	100,000	50,000	
Total HCBS Provider Training Expenses	<b>600,000</b>	250,000	300,000	50,000	
<b>STEPS Pilot Evaluation - KDHE</b>					
EQRO Costs to Conduct Evaluation	150,000			150,000	
Total STEPS Evaluation Expenses	<b>150,000</b>	0	0	150,000	
<b>Total Projects</b>					
Total KDADS Projects	80,330,000	19,446,000	53,268,000	7,616,000	
Total KDHE Projects	3,850,000	1,100,000	1,550,000	1,200,000	
Total All Projects	<b>84,180,000</b>	20,546,000	54,818,000	8,816,000	40,008

\*\*Notice that there is was a drop in expenditures from the last report. This is because \$1.3M was returned to KDADS.