

Agency Overview and Budget Summary

Presentation to House Social Services Budget Committee

**Budget Overview
Department for Aging and Disability Services**

Laura Howard, Secretary

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Mission

Protect Kansans

Promote recovery

Support self-sufficiency

Major Program Areas

- **Administration**
- **Survey Certification & Credentialing**
- **Aging & Disability Community Services and Programs Commission (HCBS)**
- **Medicaid**
- **Behavioral Health Services Commission**
- **State Hospital Commission**
- **Capital Improvements**

Administration

Administration provides management and operational support to agency programs and functions:

- Managing automated information systems
- Accounting
- Budget
- Public information and government relations
- Legal
- Human resources

Survey Certification & Credentialing

The Survey Certification and Credentialing Commission protects public health in Kansas through the inspection and licensing of adult care homes and providers of disability and behavioral health services.

- Develops and enforces regulations related to adult care homes and providers of disability and behavioral health services.
- Field staff document compliance with state regulations and federal certification standards through onsite surveys and investigate cases of alleged abuse, neglect, or exploitation
- In rare cases, the commission may assume temporary management of a nursing home facility pursuant to a court order.

Aging & Disability Community Services and Programs Commission

The Aging & Disability Community Services & Programs Commission (HCBS) was formed in February 2019 to create a more cohesive continuum of care and services for those individuals requiring home and community-based services. The Commission operates with two primary organizational units:

- Home and Community Based Waiver Services
- Aging Services

Medicaid

The Medicaid Program at KDADS includes:

- Nursing Home Reimbursement
- Program of All Inclusive Care for the Elderly (PACE)
- Home and Community Based Waiver* Services
- Behavioral Health Services

*Federal waiver rules allow reimbursement for community-based services, if those services cost less than institutional care. Kansas operates seven waiver programs:

Frail Elderly (FE), Serious Emotional Disturbance (SED), Brain Injury (BI), Physical Disabilities (PD), Intellectual Developmental Disabilities (I/DD), Autism, Technology Assisted (TA).

Behavioral Health Services Commission

The Behavioral Health Services Commission includes the Mental Health and Substance Use Disorders programs.

- Mental Health Services contracts with community agencies to provide services to individuals and families who experience mental illness. The program provides services in the least restrictive environment.
- Substance Use Disorder Services contracts with community agencies to provide services to individuals and families for the prevention and treatment of addictions. Substance Use Disorder Services ensures that a continuum of care is available and accessible in every region of the state.

State Hospital Commission

The State Hospital Commission provides leadership, guidance, direction, oversight, training and support to the State Hospitals.

- The Commission provides day to day management and collaboration with Superintendents and executive staff at the State Hospitals, ensuring compliance with conditions of participation for certification with Centers for Medicaid and Medicare Services (CMS) and accreditation with the Joint Commission.
- The Commission is vital in strengthening stakeholder relations to increase the services provided in the community for individuals with intellectual disabilities and or behavioral health needs.

Capital Improvements

The Department for Aging and Disability Services oversees debt services and capital improvements for the state hospitals.

- Capital improvements specific to each state hospital are contained in the budgets of the respective institutions.
- Rehabilitation and repair projects in the state hospitals are financed from the State Institutions Building Fund.
- The agency has two bond issues outstanding.
 - construction of the State Security Hospital at Larned State Hospital.
 - rehabilitation and repair at the state hospitals.

Priorities and Issues

Nursing Facility Receiverships

- KDADS took 22 adult care homes into receivership due to insolvency or because life-threatening or endangering conditions existed at the facilities.
- The Receivership Statute was updated during the 2019 legislative session: K.S.A. 39-954.
- Of the twenty two nursing facilities in receivership in 2019:
 - One facility closed in 2018, one sold in early 2019.
 - The fifteen Skyline facilities sold effective October 1, 2019.
 - Three facilities sold in 2019 and 2020.
 - One facility sold on February 1, 2021.
 - One facility remains on the market for sale.

Priorities and Issues

Survey & Certification

- Creating regulations for Crisis Intervention Centers
- Successfully transitioned 2 receivership facilities to new owners
- Completed an infection control survey of each adult care home focusing on infection control policy and procedures
- Created PPE resource and portal for Adult Care Homes during public health emergency
- Fully staffed State Licensed only adult care home surveyors.
 - Exploring opportunities to help reduce the state licensed only annual survey interval.

Priorities and Issues

Aging and Community Services

- Approval by CMS of the PD and FE waivers for another 5 year period.
- Reauthorization of federal Money Follows the Person (MFP) program.
- Site-specific assessments have been completed for existing providers for federal Final Settings Rule compliance.
 - Commencing remediation and heightened scrutiny reviews.
- Administrative Case Management services launched statewide on May 1, 2020.
- Over 30,000 individuals were assisted with Medicare Part D.

Brain Injury Waiver

Aging & Community Services

HISTORY OF THE TBI WAIVER TRANSFORMATION TO THE BI WAIVER

- The Brain Injury Waiver is intended as a short-term rehabilitation waiver.
- Expanded eligibility required by Legislative proviso has resulted in exponential growth in the number of individuals presenting for waiver services.
- KDADS must adapt policies and procedures to ensure individuals gain maximum benefit from rehabilitation and then transition off the waiver to allow others to receive assistance.

Timeline:

May 2018: Legislative Direction to Expand TBI Eligibility

June 2018-September 2018: TBI/BI Waiver
Renewal/Amendment Drafting & Technical Preparation

August 2018-November 2018: Stakeholder/Workgroup
Input

September 2018-November 2019: CMS Waiver
Renewal/Review Process (including formal public comment)

January 2019-September 2019: Policy Amendments

January 2019-October 2019: Functional Assessment Tool
Development

November 2019-January 2020: BI Youth Implementation

November 2019-Present: Ongoing Implementation, Training,
Monitoring, and Data Collection

Brain Injury Waiver

Aging & Community Services

BI WAIVER TRENDS AND NUMBERS SERVED

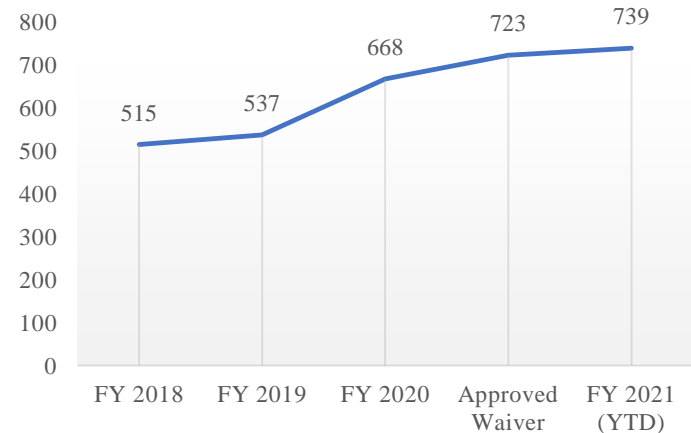
At only seven months into state fiscal year 2021, the Brain Injury Waiver program has served more individuals than the approved waiver authorizes.

Annual Unduplicated (Funded)	723
Current SFY21 Unduplicated (As of 1/27/21)	739

If growth continues at its current rate without policy changes or wait list implementation, the annual unduplicated number of individuals served will far exceed the budgeted capacity of the waiver program.

Projected SFY21 Annual Unduplicated (Without Waiting List Implementation)	914
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BI Waiver Annual Unduplicated Number Served



Brain Injury Waiver

Aging & Community Services

BI WAIVER BUDGET

No additional funding was appropriated at the time of eligibility expansion to address the projected growth in the program. Without implementing a wait list for BI waiver services and implementing waiver policy reforms, KDADS projects the program will exceed its budget in both the current year and budget year 2022.

SFY	Current Appropriations (AF)	Estimated Cost Without Wait List (AF)	Estimated Shortfall Without Waiting List (AF)
SFY21	\$20,808,145	\$25,990,268	(\$5,182,123)
SFY22	\$21,698,581	\$43,337,687	(\$21,639,106)

Brain Injury Waiver

Aging & Community Services

KEY POLICY RECOMMENDATIONS

KDADS has reviewed the waiver program's key areas: eligibility, services delivery, and transition. The goal of the review was to develop a draft of policy changes that allow eligible individuals to:

- 1) Access appropriate services in both scope and quantity;
- 2) Make progress toward individualized goals; and
- 3) Transition from the Brain Injury waiver as individualized goals are attained and greater independence is achieved.

KDADS is committed to engaging its stakeholders in the review and implementation of BI Waiver policy reforms, including consideration of other ideas stakeholders might bring to the table. KDADS will also work closely with stakeholders in the design of any waiting list.

Nutrition Program

Aging & Community Services

Nutrition Grants

This program provides grants to Area Agencies on Aging for the provision of nutrition services in either a congregate setting or in the homes of older Kansans who are homebound. Federal, state and special revenues at the state level are combined with local funds to support the program. Customers also share in the cost of nutrition service by voluntarily contributing toward the cost of their meals.

Nutrition Budget

- The budget proposes a \$850,000 reduction to State General Funds for the Nutrition Program in FY 2022.
- Federal Funding received during the COVID-19 pandemic is expected to allow for the carry-forward of the state's annual allocation into FY 2022 to offset the reduction in State General Funds.

Priorities and Issues

Behavioral Health

- Received 988 planning grant and NSPL expansion grant to expand NSPL crisis centers and improve in-state answer rate.
- Launched new Certified Peer Support online training program for peers and supervisors.
- Completed the State Infrastructure Guidelines Community of Practice from Suicide Prevention Resource Center and began implementation of a statewide suicide prevention coalition steering committee.
- Planning for reforms in community integration for mental health patients.
- Increased enrollment in federal entitlement programs through SSI/SSDI Outreach, Access and Recovery (SOAR) program.
- Implementing the SUD IMD Exclusion Waiver, to expand MAT services.
- Hays Children's Psychiatric Hospital RFP currently out for bid.

Psychiatric Residential Treatment Facilities (PRTFs)

Waitlist Reduction & Expansion

- Current MCO wait list as of 2/1/21 was 78, down from 124 individuals on 2/24/20, and 183 as of 5/13/19.
 - Of the 78 individuals, 20 were in foster care down from 33 on 2/24/20, and 44 as of 5/13/19
- Current number of PRTF licensed beds is 412 in the system of care, up from 316 on 2/24/20, and 282 as of 5/13/19.
 - Anticipating a new 12-bed PRTF to be licensed in April by EmberHope in Newton.
- Draft of new regulations for PRTFs completed and being prepared for public comment and provider feedback.
- Established uniform KanCare MCO Medical Necessity Criteria for PRTF admissions.

Crisis Stabilization Units Expansion

- Utilizing available funding in the Lottery Vending Machine revenues KDADS has been able to begin expanding the number of communities receiving state support for crisis services.
- KDADS has already expanded funding of crisis stabilization units in several communities including Hays, Lawrence, and Manhattan.
- The Lottery Vending Machines revenue estimate is up over last year & projected to be sufficient to cover additional expansion next year in three more communities, with planned expansion in Leavenworth, Topeka, and Pittsburg.

Stepping Up Initiative TA Center

Mental Health in Jails LPA

- The Kansas Stepping Up TA Center —only the second of its kind in the nation—will offer virtual and in-person technical assistance tailored specifically to Kansas counties to support policies and programs that improve outcomes for people with mental illnesses and co-occurring substance use disorders in jails.
- The center will provide Kansas counties with baseline data regarding the number of people with mental illnesses and substance use disorders in jails. Counties will also receive expert support to set reduction targets, measure progress, and achieve results.
- More information at <https://stepuptogether.org/ta/kansas>

Certified Community Behavioral Health Clinics

What are they?

The CCBHCs represent an opportunity for Kansas to improve the behavioral health of Kansans by:

- providing community-based mental and substance use disorder services
- advancing integration of behavioral health with physical health care
- assimilating and utilizing evidence-based practices on a more consistent basis
- promoting improved access to high quality care

6 Kansas CMHCs have received 2 year CCBHC expansion grants from SAMHSA:

These funds are intended to help prepare the CMHCs to become CCBHCs, and KDADS will be working to implement additional components of the CCBHC system required service array statewide and increase readiness for certification.

Mobile Crisis Response

How it fits with CCBHCs

- **Part of a Whole; Total Funding Mix for Statewide Mobile Crisis Response:** \$5M to KDADS for adults, \$3M to DCF for children, 5% set aside of the SAMHSA Mental Health Block Grant approx. \$200K, and Medicaid approx. \$1.5M crisis intervention billing, all-funds total: \$9.7M.
- **CCBHCs are required to provide 24/7 crisis services in their service array:** 24-hour mobile crisis teams, Emergency crisis intervention services, and Crisis stabilization. We now have 6 CMHCs in Kansas that have been awarded CCBHC expansion grants from SAMHSA.
- **CCBHCs are required to provide these crisis services to all individuals:** regardless of ability to pay or ins. coverage.

Mobile Crisis Response

How it fits with 988

- 988 is a national three digit number that all telecom companies will be required to implement similar to a 911 for people in a mental health crisis which be promoted beginning in July of 2022. Call volume is expected to increase and Kansas needs an estimated \$3M all funds to meet a 90% in-state answer rate.
- Most callers to 988 will likely not need additional crisis services beyond what is delivered, but for those that do, having a statewide Mobile Crisis Response system would allow the dispatch of an on-call qualified mental health professional for crisis intervention. Those services would be provided in the community in less than an hour in most areas. Some callers may still require LEO or EMS dispatch.

Crisis Intervention Centers

What are they?

- Crisis Intervention Centers (CICs) were established by the Crisis Intervention Act. They differ from other parts of the crisis service array as the regulations will allow for the temporary involuntary hold of patients in a CIC facility.
- KDADS is in the final stages of promulgating Crisis Intervention Center regulations and intends to begin licensing CICs in later this year.
- Several of the communities likely to license CICs are those already operating facilities with crisis stabilization units. A few others are looking to open new CIC facilities currently under construction or in planning stages.

Mobile Crisis Response

How it fits with Crisis Stabilization and Intervention Centers

- While its expected that the majority of Mobile Crisis Response service recipients will not need further crisis services, some individuals may not be in a safe environment or need additional supervision and care due to being a risk to themselves or others in the community.
- Mobile Crisis Responders, as well as LEOs and EMS would also be able to refer those individuals needing additional services to local crisis stabilization units or crisis intervention centers. LEOs would be required to transport any involuntary patients to Crisis Intervention Center.
- This would reduce the burden on local 911, law enforcement officers and hospitals emergency departments to respond to individuals in crisis as first responders in a majority of cases.

State Institution Alternatives

What are they?

- State Institution Alternatives (SIAs) are Private Psychiatric Hospitals that apply to the state to be able to enroll in Medicaid and be reimbursed on a per diem rate for any patients that have been successfully screened for State Mental Health Hospital (SMHH) admission as well as receive state funds for the care of the uninsured.
- SIAs will provide regional hospital alternatives to LSH and OSH, allowing for care closer to home for patients and reducing demand on SMHHs, and reducing wait times for admissions.
- When Kansans in crisis are triaged, SIA hospitals will be the first option for new patient admissions.

Mobile Crisis Response

How it fits with SMHHs and SIAs

- Mobile Crisis Responders will have the ability to facilitate state screening for State Mental Health Hospitals (SMHH) and State Institution Alternatives (SIA) admissions.
- These screens could be conducted via telemedicine while the Mobile Crisis Responders are with the patient in the community, using secure technology provided to the responders.
- When the state screen is completed the patient would be admitted at the first available SIA bed closest to their home community, or then admitted to the SMHH in their catchment area if no SIA beds are available, either OSH or LSH.

Priorities and Issues

State Hospitals

Lifting the moratorium on voluntary admissions includes a mix of bed capacity at OSH and increasing community-based capacity for inpatient treatment.

Sexual Predator Treatment Program at LSH

- 247 Residents on the LSH campus with only 5 available beds with 4 expected admissions or returns in the first quarter of 2021.
- 57 (23%) are cognitively impaired that struggle to advance in the program and would need enhanced services to meet the statutory requirement of being able to safely reside in the community.
- 43 (17%) are high risk medical or medically infirm that require specialized medical care and slows opportunities to advance in the program.

Staff recruiting and retention

- Some state level actions to increase pay rates for direct care staff, safety and security at LSH to be competitive with Corrections employees.
- Direct care staff at KNI and PSH&TC are below the pay rates for equivalent staff in nursing facilities.

Priorities and Issues

Legislative Priorities

Kansas Department of Human Services (DHS)

- New agency to include the Department for Children and Families, Department for Aging and Disability Services, and State Hospitals
- DHS will strengthen families and support individuals by providing high-touch services. This will be achieved through a comprehensive approach to prevention, enhanced access to services and collaboration with communities across Kansas
- DHS will improve delivery of wrap-around services and operate as a hub for human services
- Reorganization will modernize systems for populations ranging from the youth to the elderly and will decrease the amount of bureaucracy standing between Kansans and services
- DHS will be community driven with a focus on improving community engagement and collaboration

Two other Bills KDADS will follow if introduced:

- Behavioral Health Crisis Services System – 988 (Suicide Prevention Line)
- Tobacco 21

Status of Additions by 2020 Legislature

Addition	FY 2020		FY 2021	
	All Funds	SGF	All Funds	SGF
Regional Beds	--	--	\$2,500,000	\$2,500,000

Additional funding was added to invest and expand its **regional hospital beds** as part of the plan to lift the moratorium at OSH.

Status

KDADS has amended a current contract with HealthSource Integrated Solutions to facilitate the use of these funds during FY21 and has released a RFP for FY22-27 to manage these funds through the SIA program, that will provide **regional beds** statewide. Currently Prairie View in Salina and KVC Hospitals in Wichita and KC Metro are enrolling as our first SIA facilities and we anticipate adding additional hospitals to that program soon.

Status of Additions by 2020 Legislature

Addition	FY 2020		FY 2021	
	All Funds	SGF	All Funds	SGF
Children’s Acute Care Psychiatric Beds in Hays	--	--	\$4,000,000	\$4,000,000

\$4.0 million for eight acute care psychiatric children’s beds in Hays,

Status

KDADS has completed the RFP posting process with DoA and recently responded to questions from bidders. We expect to be able to review submitted bids in coming month, and hope to award a contract to a bidder in March. As a part of the RFP process, KDADS has allowed bidders to include plans for combining additional services in their sustainability models, including **regional beds** for adults, SIA status, crisis stabilization, etc.

Status of Additions by 2020 Legislature

Addition	FY 2020		FY 2021	
	All Funds	SGF	All Funds	SGF
Biddle Remodel	--	--	\$5,253,000	--

Additional funding (SIBF) was added to remodel the Biddle Building which was constructed in 1952 and is a residential housing facility. The building is in need of major renovation due to its age and usage.

Status

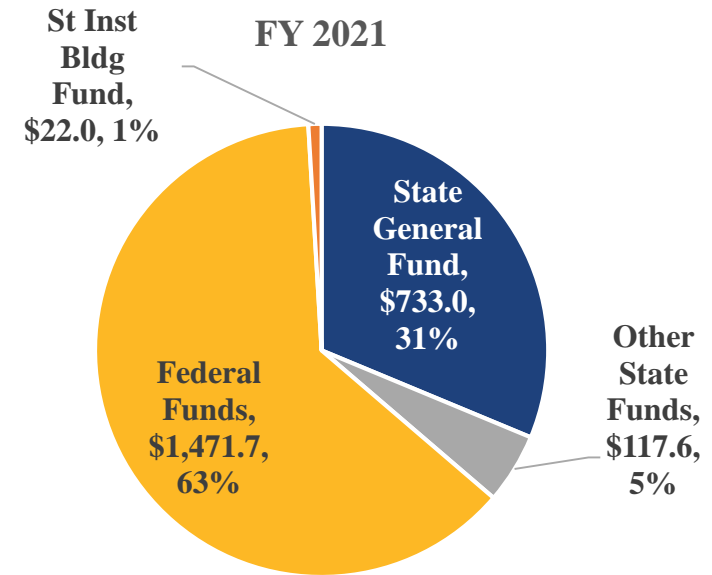
With the approved funding, OSH is in the design phase to remodel the East unit in the Biddle Building into certified space for patients admitted to Adair Acute Care for involuntary treatment. Construction is scheduled to begin in October 2021 and the remodeled space will be occupied in January 2022. This project will increase total beds available by a total of 14.

Status of Additions by 2020 Legislature

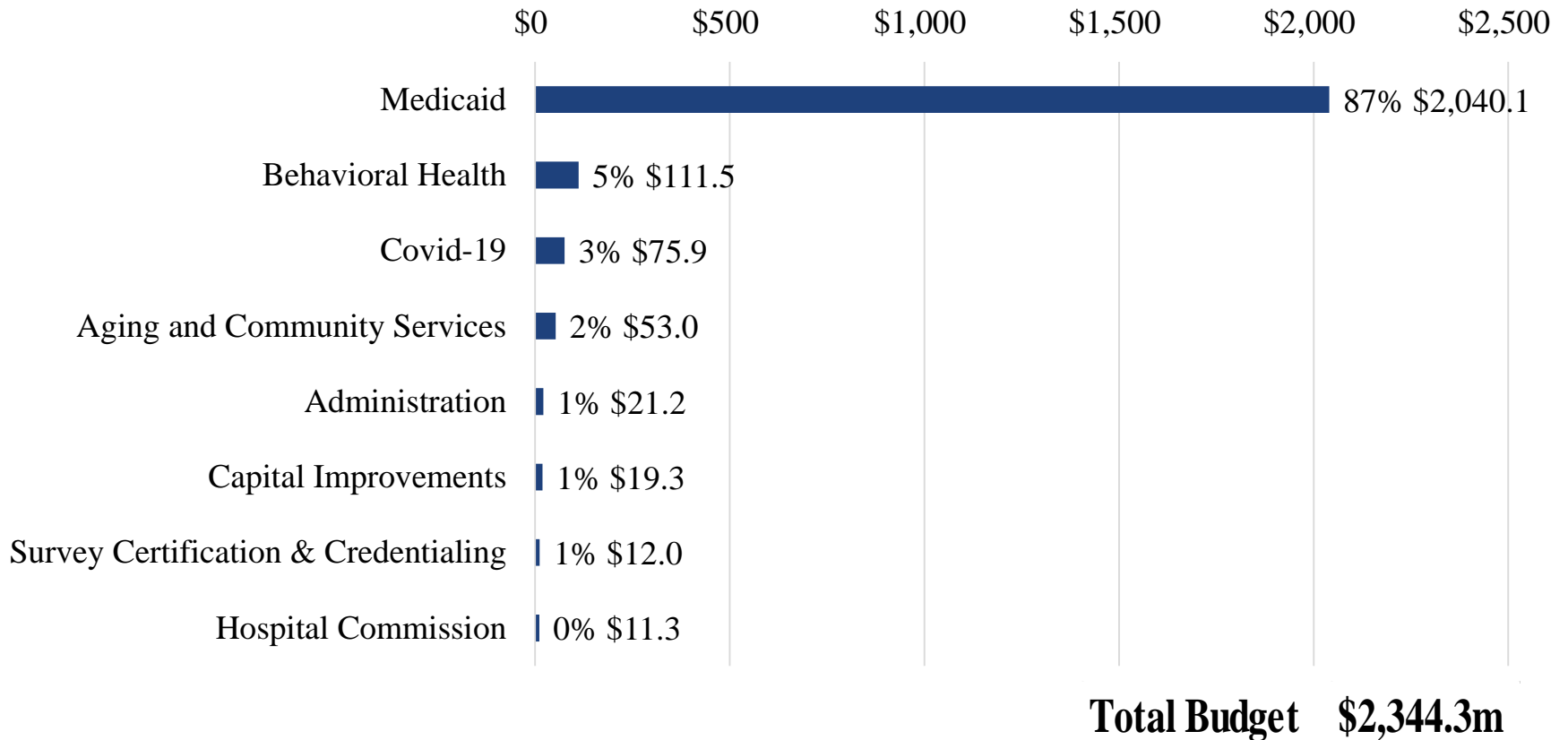
Addition	FY 2020		FY 2021	
	All Funds	SGF	All Funds	SGF
<p>EHR Infrastructure Additional funding was added to fund infrastructure needs for each of the hospitals to support the new EHR system.</p>	--	--	\$2,771,500	--
<p>Status Hospitals have ordered and begun receiving updated switches and telecommunication equipment to increase the hospital's data and network capacity. Issuing a Request for Proposals to update fiber optic services and wired and wireless networks to have in place before the EHR system is purchased.</p>				

FY 2021 Budget Summary (millions)

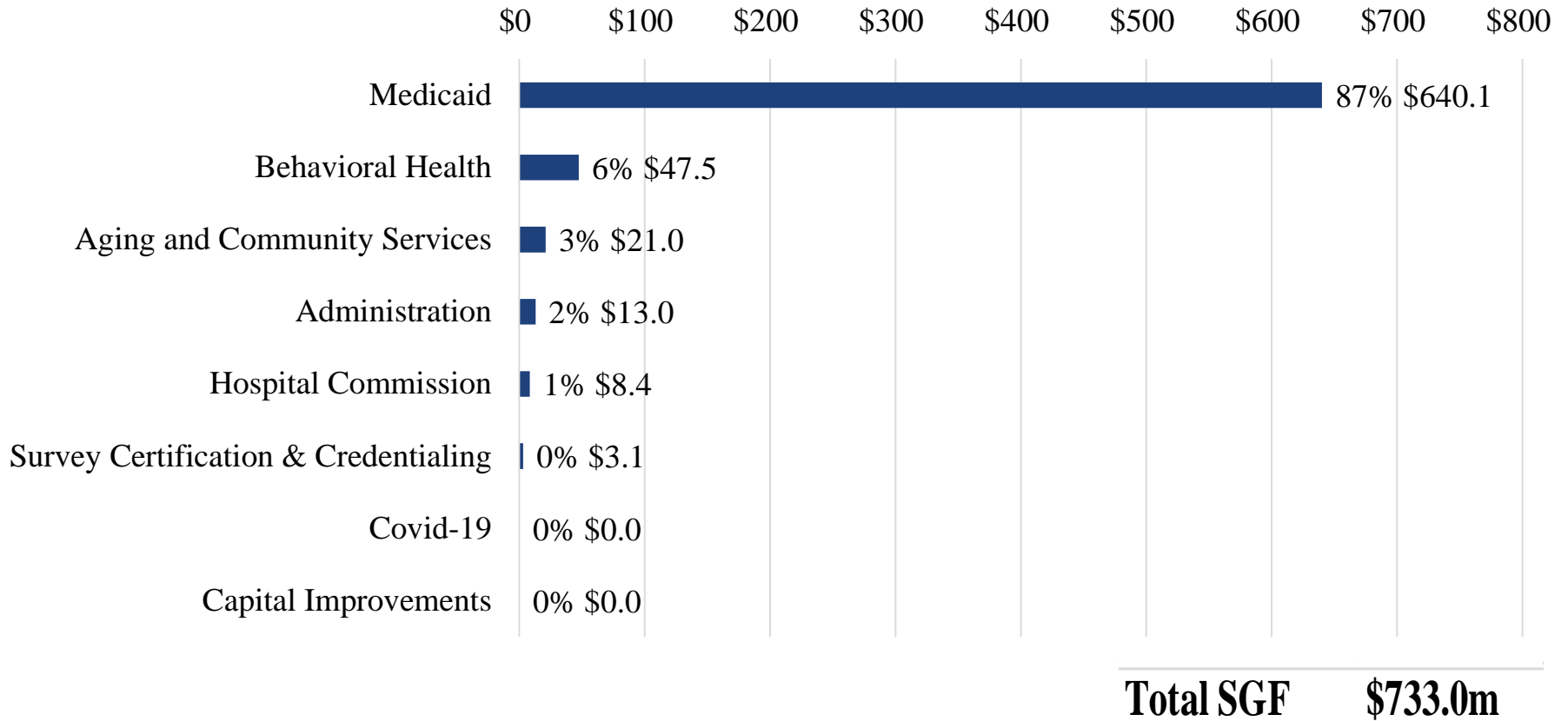
	FY 2020	FY 2021	Change
Total Budget	\$2,011.8	\$2,344.3	\$332.4
Positions	287.0	285.0	(2.0)
Funding Sources			
State General Fund	\$752.2	\$733.0	-\$19.2
Other State Funds	\$65.2	\$117.6	\$52.4
Federal Funds	\$1,185.5	\$1,471.7	\$286.1
St Inst Bldg Fund	\$8.9	\$22.0	\$13.1
Total Funding	\$2,011.8	\$2,344.3	\$332.4



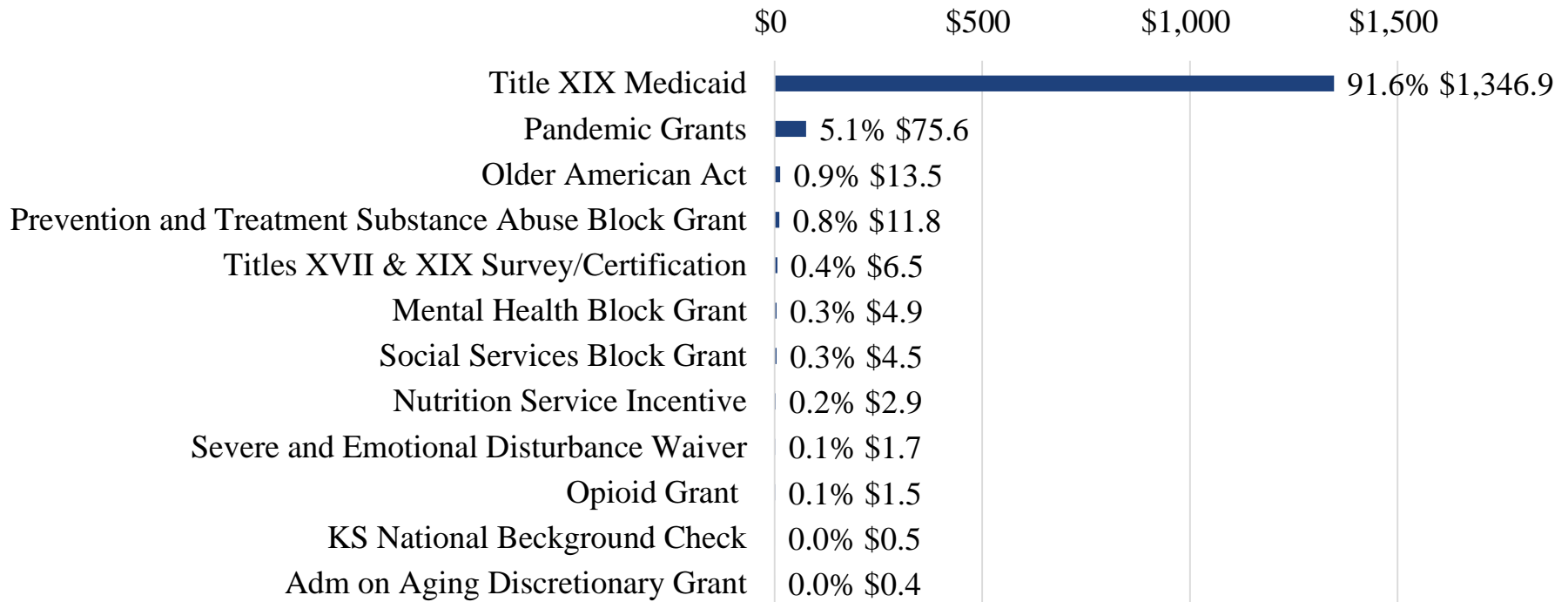
FY 2021 Expenditures by Program (millions)



FY 2021 SGF by Program (millions)

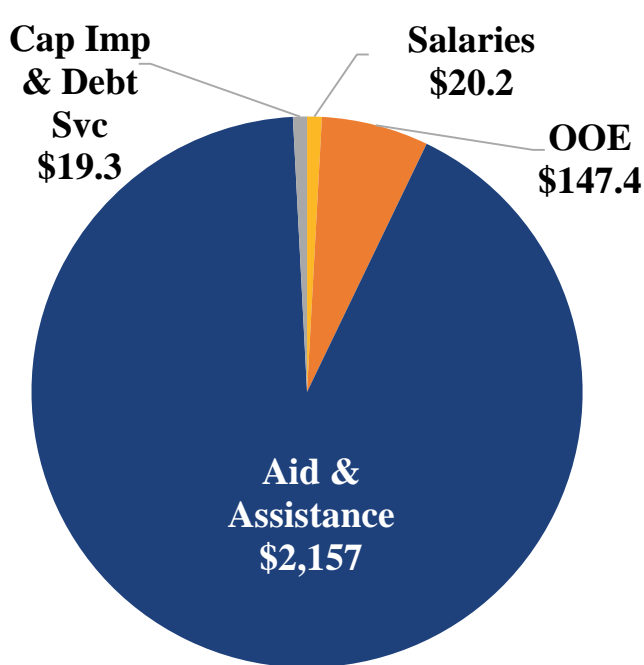


FY 2021 Federal Funds (millions)



Total Federal \$1,470.6m

FY 2021 Expenditures by Category (millions)



Salaries

Survey Cert. & Creden.	\$8.4
Administration	7.0
Aging & Community Svcs	2.7
Behavioral Health	1.6
Hospital Commission	0.6
Total	\$20.2

OOE

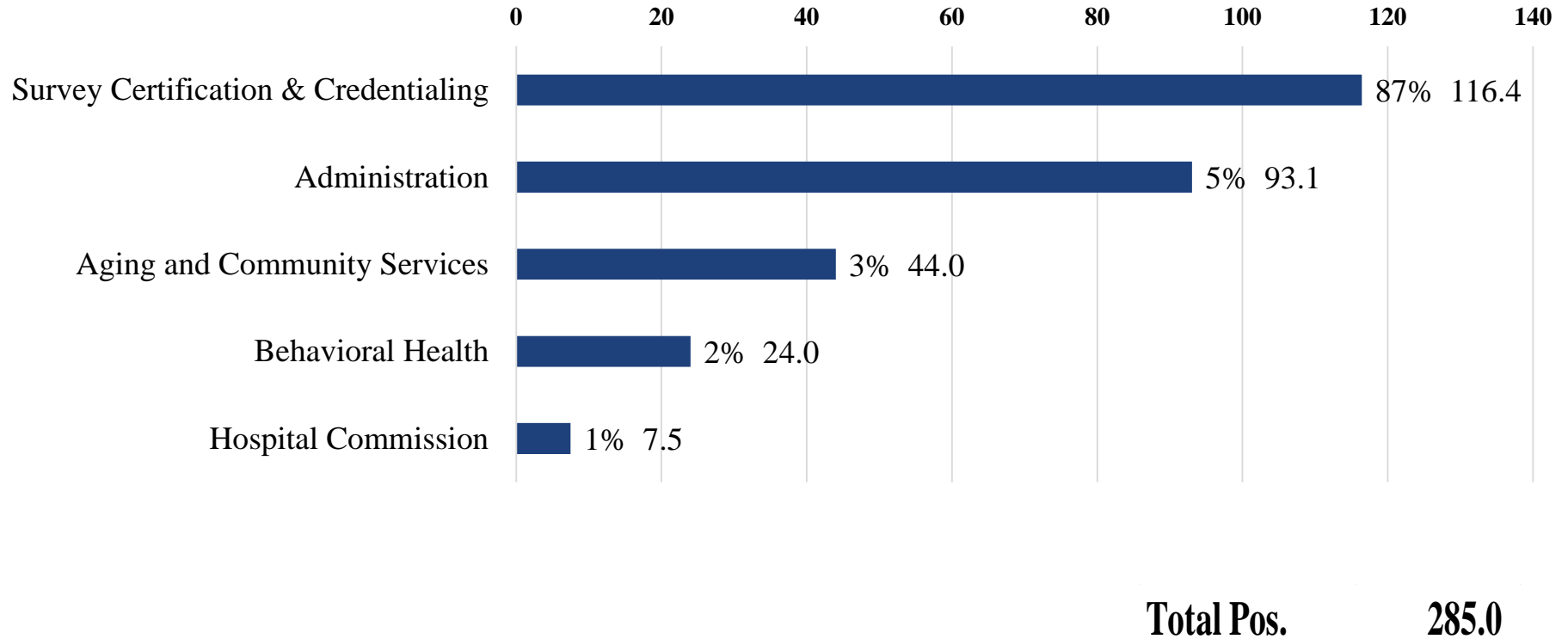
Covid-19	\$75.7
Behavioral Health	23.2
Aging & Community Svcs	16.4
Administration	14.3
Hospital Commission	10.7
Medicaid	3.6
Survey Cert. & Creden.	3.6
Total	\$147.4

Aid & Assistance

Medicaid	\$2,036.5
Behavioral Health	86.8
Aging & Community Svcs	33.9
Covid-19	0.2
Administration	0.0
Total	\$2,157.4

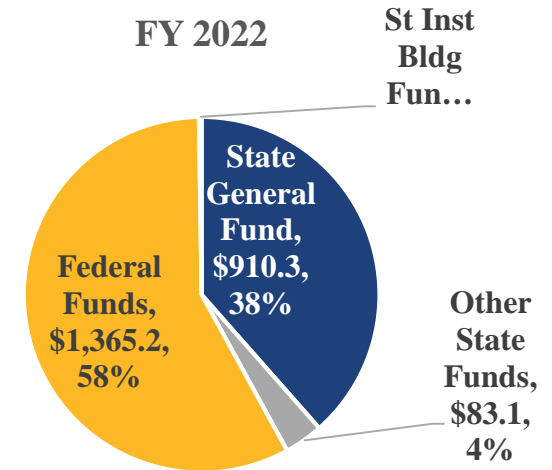
Cap Imp & Debt Svc \$19.3

FY 2021 Positions

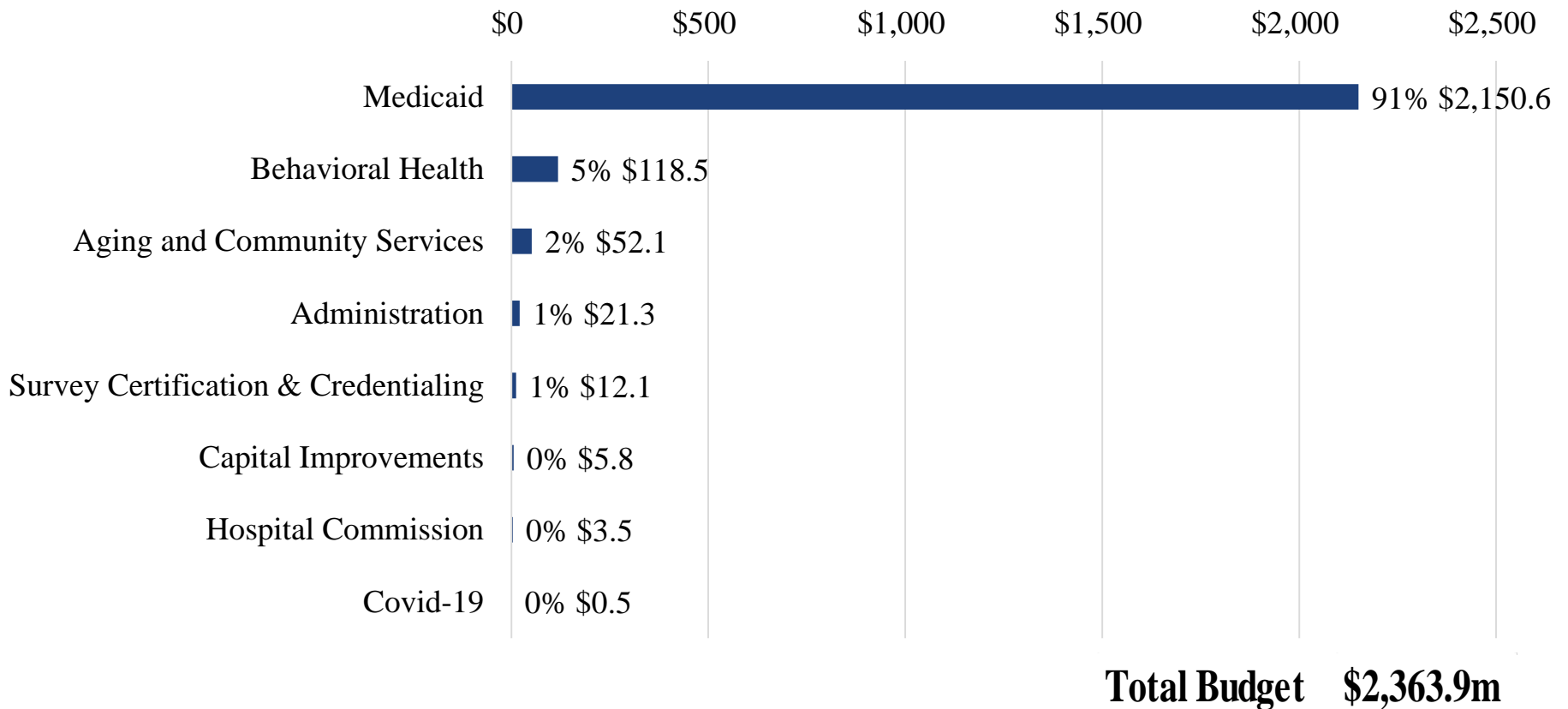


FY 2022 Budget Summary (millions)

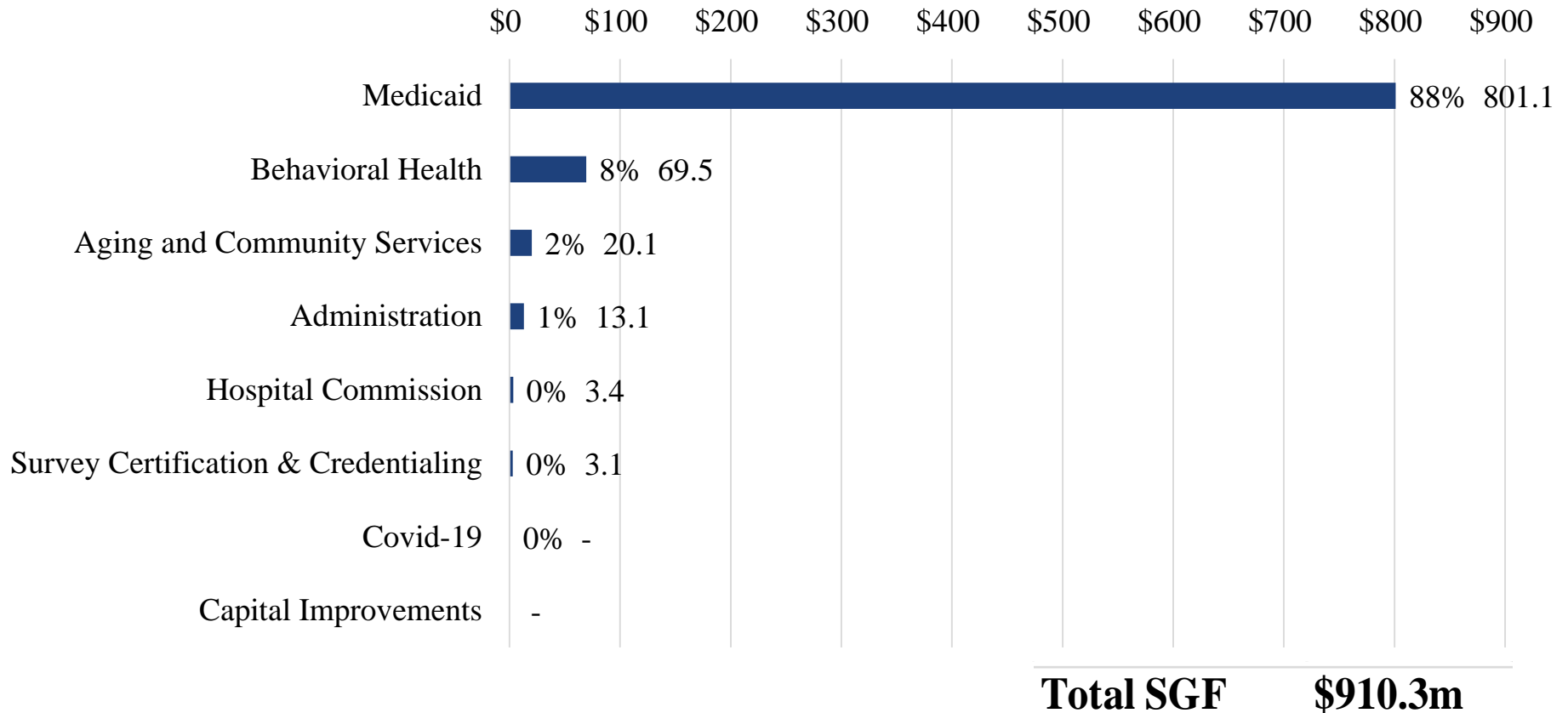
	FY 2021	FY 2022	Change
Total Budget	\$2,344.3	\$2,364.4	\$20.1
Positions	285.0	286.0	1.0
Funding Sources			
State General Fund	\$733.0	\$910.3	\$177.3
Other State Funds	\$117.6	\$83.1	-\$34.5
Federal Funds	\$1,471.7	\$1,365.2	-\$106.5
St Inst Bldg Fund	\$22.0	\$5.8	-\$16.2
Total Funding	\$2,344.3	\$2,364.4	\$20.1



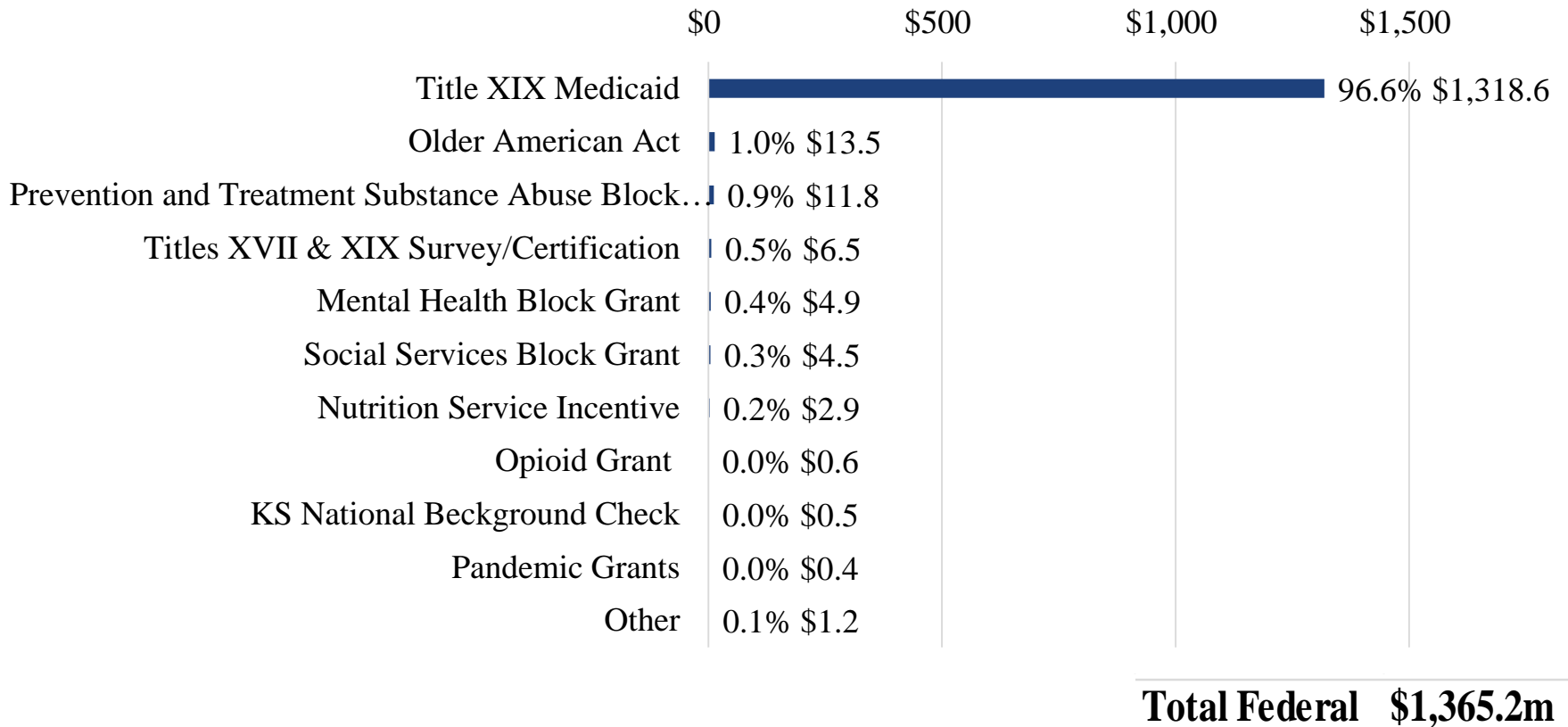
FY 2022 Expenditures by Program (millions)



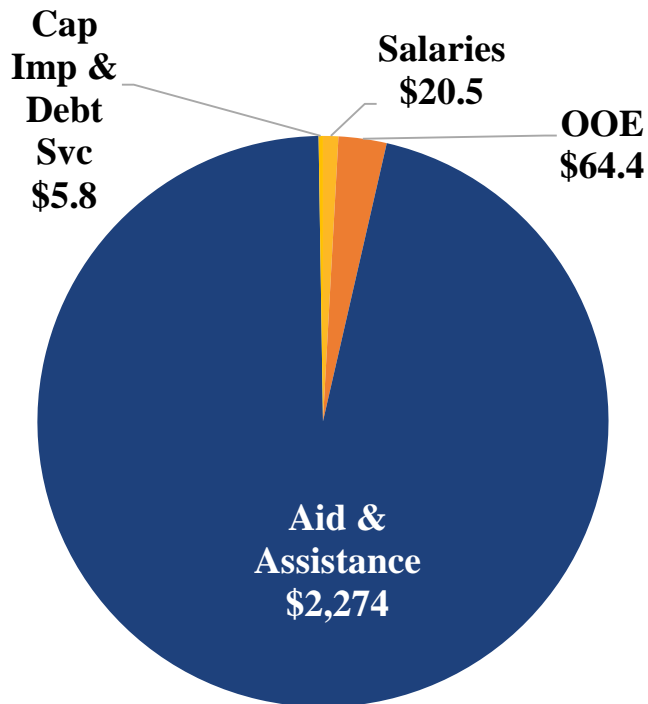
FY 2022 SGF by Program (millions)



FY 2022 Federal Funds (millions)



FY 2022 Expenditures by Category (millions)



Salaries

Survey Cert. & Creden.	\$8.5
Administration	7.0
Aging & Community Svcs	2.7
Behavioral Health	1.7
Hospital Commission	0.6
Total	\$20.5

OOE

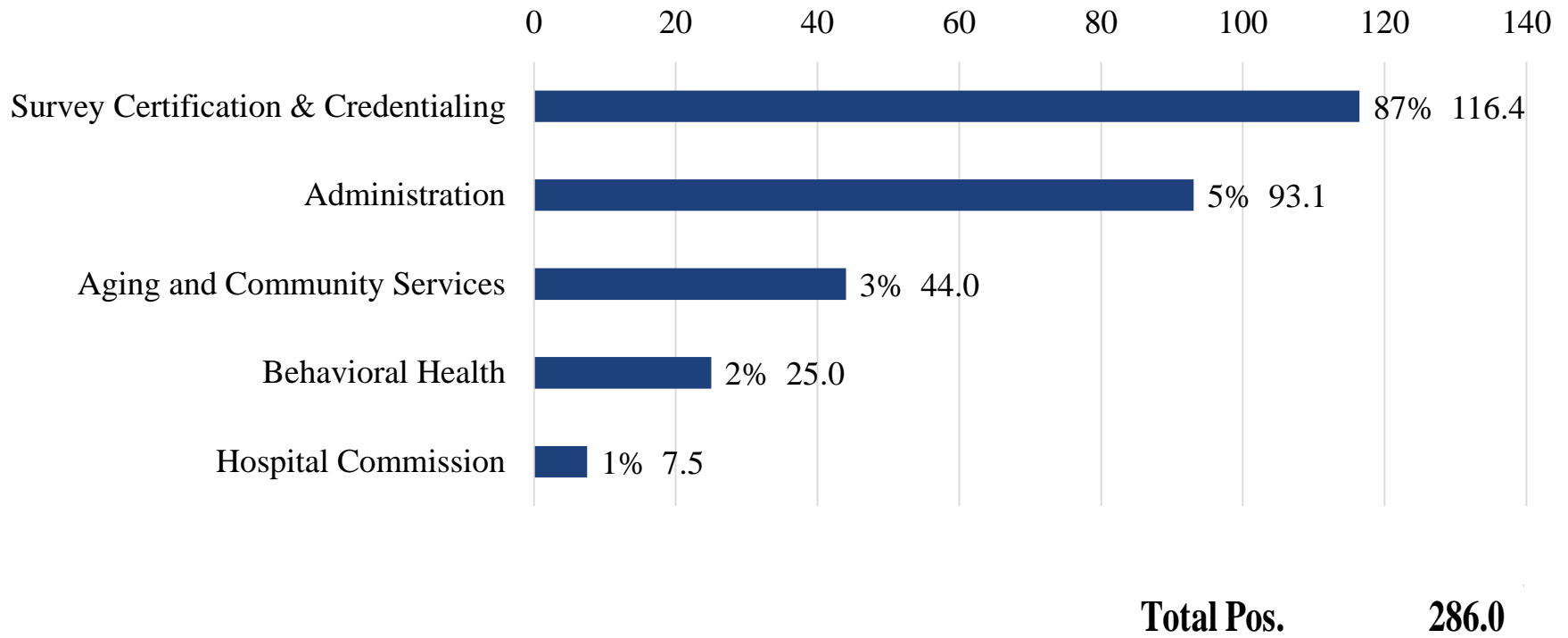
Behavioral Health	\$23.2
Aging & Community Svcs	16.4
Administration	14.3
Hospital Commission	2.9
Medicaid	3.6
Survey Cert. & Creden.	3.6
Covid-19	0.5
Total	\$64.4

Aid & Assistance

Medicaid	\$2,147.1
Behavioral Health	93.7
Aging & Community Svcs	33.0
Administration	0.0
Total	\$2,273.7

Cap Imp & Debt Svc \$5.8

FY 2022 Positions



FY 2021 Budget Additions

- No supplementals were added.
- Estimates from the Fall 2020 Consensus Caseload were funded.
- Estimates for KanCare Non-Caseload services were adjusted.

<i>FY 2021</i>		
	All Funds	SGF
Supplementals	\$0	\$0
Fall 2020 Consensus Caseload	81,247,417	(70,400,000)
Other Caseload Adjustments		
Revised KanCare Non-Caseload Estimates	23,700,127	(13,675,917)
Total	104,947,544	(\$84,075,917)

Caseload Summary

Program		FY 2019 Actual	FY 2020 Actual	FY 2021 GBR	FY 2022 GBR
Waivers					
Physically Disabled	Average monthly persons	5,792	6,023	6,203	6,221
	Assistance	\$116,576,000	\$118,706,094	\$130,036,877	\$136,836,906
Brain Injury	Average monthly persons	391	463	578	578
	Assistance	\$13,713,000	\$16,823,575	\$20,808,145	\$21,698,581
Technically Assisted	Average monthly persons	553	579	619	675
	Assistance	\$37,370,000	\$36,503,280	\$40,046,498	\$44,519,923
Developmentally Disabled	Average monthly persons	9,062	9,098	9,147	9,155
	Assistance	\$402,809,000	\$433,482,156	\$442,546,061	\$442,898,219
Autism	Average monthly persons	51	48	62	68
	Assistance	\$262,000	\$87,796	\$167,555	\$163,955
Frail Elderly	Average monthly persons	4,608	4,868	5,733	6,778
	Assistance	\$79,708,000	\$87,264,218	\$99,183,934	\$105,468,455

Caseload Summary

Program		FY 2019 Actual	FY 2020 Actual	FY 2021 GBR	FY 2022 GBR
Nursing Facilities	Average monthly persons	9,697	10,254	9,983	9,983
	Assistance	\$557,419,151	\$637,965,321	621,104,720	621,104,720
PACE	Average monthly persons	551	635	729	841
	Assistance	\$18,721,000	\$31,647,216	\$37,945,496	\$42,713,244
Senior Care Act	Average monthly persons	2,112	2,096	2,100	2,100
	Assistance	\$7,015,000	\$7,015,000	\$7,015,000	\$7,015,000
Nutrition	Number of Meals	3,130,000	2,994,341	3,130,000	3,130,000
	Annual Unduplicated Served	32,288	32,564	35,000	35,000
Total Expenditures*		\$19,406,000	\$19,406,000	\$19,406,000	\$18,556,000
Federal Support		\$9,052,261	\$10,203,017	\$10,203,017	\$10,203,017
State Support		\$4,125,170	\$4,045,726	\$4,190,725	\$3,340,725
Local Resources		\$6,228,569	\$5,157,257	\$5,012,258	\$5,012,258

*Total Expenditures do NOT include Covid Relief Funds

FY 2022 Budget Additions

The Governor's budget included four enhancements.

- Enhancements include funding for Statewide Mobile Response & Stabilization, Community Integration Housing First Program and Coordinator, EHR Support and Maintenance, and CMHC Specialized Services in NFMHs.
- Estimates from the Fall 2020 Consensus Caseload were funded.
- Estimates for KanCare Non-Caseload services were adjusted.

<i>FY 2022</i>		
	All Funds	SGF
Enhancements	9,580,000	9,580,000
Fall 2020 Consensus Caseload	175,297,417	39,070,000
Other Caseload Adjustments		
Revised KanCare Non-Caseload Estimates	48,902,987	15,860,726
Total	\$233,780,404	\$64,510,726

Enhancements

Enhancement	Description	FY 2022	
		All Funds	SGF
Statewide Mobile Response & Stabilization	<ul style="list-style-type: none"> Provides funding to sustain the Mobile Response and Stabilization Service (MRSS) Program The additional funding will allow KDADS to fully fund the MRSS services provided. Kansans of all ages will continue to have access to needed services in their local communities, which would result in better health outcomes for Kansans and reduce multi-system involvement impacting other state agencies like DCF and KDOC 	\$5.00	\$5.00

Enhancements

Enhancement	Description	FY 2022	
		All Funds	SGF
Community Integration Housing First Program and Coordinator	<ul style="list-style-type: none"> ▪ This funding is to serve uninsured homeless or at-risk of homelessness consumers with disabilities as they reintegrate into the community from institutional settings (IMDs). ▪ This new funding would allow Kansas to begin working on developing supportive housing in order to move back towards compliance with the federal Olmstead Act, the Mental Parity Act of 1996, the Social Security Act, and demonstrate compliance efforts for the HCBS Settings Final Rule - integrative behavioral health care model. ▪ New funding also includes a Coordinator to manage the program. 	\$580	\$580

Enhancements

Enhancement	Description	FY 2022	
		All Funds	SGF
Electronic Health Records Support and Maintenance	<ul style="list-style-type: none"> ▪ New funding is to support the ongoing support and maintenance costs necessary to replace the Electronic Health Records (EHR) system at the four State Hospitals ▪ In FY21, KDADS received approximately \$2.7 million from the SIBF to upgrade the infrastructure necessary at the four state hospitals in order to effectively implement a modern day EHR system. ▪ KDADS has budgeted \$7 million in re-appropriated funding in FY21 to cover the start-up costs as well as other first year expenses. 	\$2.0	\$2.0

Enhancements

Enhancement	Description	FY 2022	
		All Funds	SGF
CMHC Specialized Services in NFMHs	<ul style="list-style-type: none"> ▪ New funding to ensure specialized services are offered to Kansans in the ten Nursing Facilities for Mental Health (NFMHs), across the state, as required by federal regulations. ▪ The new funding is for the services required to meet the federal law and regulations for specialized services for Pre-Admission Screening and Resident Review (PASRR) Level II residents in NFMHs ▪ These services are designed to ensure patients have appropriate access to treatment services while in an NFMH, and that they have the best possible chance of discharge to the most integrated setting 	\$2.0	\$2.0

COVID-19 Response Funding

In June, KDADS began working closely with Governor Kelly's SPARK Recovery Office to receive dollars available from the CARES Act.

As of December, 2020, over \$81 million in SPARK/CARES dollars have been provided to KDADS for distribution to its stakeholders.

\$33.7	million to Nursing Facilities
\$8.9	million to Community Based providers, including Personal Protective Equipment and communication devices
\$19.2	million to Behavioral Health providers
\$18.9	million to Adult Care Homes for Personal Protective Equipment, communication devices, visitation equipment
\$0.4	million for administrative equipment

Covid Federal Funds

Program	Award Amount	Expenditures through 1/15/21
In-Home and Community Based Services for eligible Seniors	\$1,697,364	\$825,684
Funding to Assist Aging and Disability Resource Centers and No Wrong Door programs	\$455,454	\$0
Services for Eligible Caregivers and Grandparents care for Grandchildren	\$844,651	\$343,992
Grant housed with DOA for the State's Long Term Care Ombudsman's Office	\$169,736	\$0
Services provide Congregate and Home-Delivered Meals for Seniors	\$7,531,775	\$5,182,470
Emergency Grants to Address Mental & Substance Use Disorders to individuals impacted by the pandemic	\$4,859,649	\$392,339
Total	\$15,558,629	\$6,744,485

Reduced Resources

Program	Description	FY 2022	
		All Funds	SGF
Senior Nutrition	<ul style="list-style-type: none">Thousands of Kansas seniors rely on the state's nutrition program for both congregate and home-delivered meals. Particularly during the ongoing Public Health Emergency, home delivered meals have been critical in fulfilling the basic needs of home-bound seniors, not only for food, but also as a means of checking in on individuals' welfare.Federal Funding received during the COVID-19 pandemic is expected to allow for the carry-forward of the state's annual allocation into FY 2022 to offset the reduction in State General Funds.	-\$.850	-\$.850

Reduced Resources

Program	Description	FY 2022	
		All Funds	SGF
Administrative Case Management	<ul style="list-style-type: none">The Administrative Case Management program went live in Spring of 2020 and has been steadily increasing the numbers of individuals served since the launch. Based on current trends and the ability to draw federal Medicaid match, the program is expected to have approximately \$3.0 million in State General Funds that could be returned to the General Fund.	-\$6.0	-\$3.0

Allotments

Program	SGF
Senior Care Act	-\$3,000,000
Behavioral Health Rate Increase	-\$3,000,000
Nursing Facility 1% Rate Increase	-\$2,661,520
IDD Waiver 5% Rate Increase	-\$8,958,340
TA Waiver Rate Increase	-\$2,557,443
Regional Hospital Beds	-\$2,500,000
Substance Abuse Grants	-\$250,000
Grants for CMHCs	-\$2,000,000
PRTF Pilot Ember Hope	-\$1,000,000
Douglas County Crisis Intervention	-\$750,000
Total	-\$26,677,303