KDADS Updates on Requested Topics

Presentation to
The Robert G. (Bob) Bethell Joint Committee on
Home and Community Based Services and
KanCare Oversight
February 4, 2022

Updates on Requested Topics
Department for Aging and Disability Services

Laura Howard, Secretary
Priorities and Issues

- ARPA HCBS 10% FMAP enhancement for Medicaid HCBS services – Narrative and Spending Plans approved
- Implementation of Certified Community Behavioral Health Clinics (CCBHCs)
- Nursing Facilities for Mental Health (NF-MH) Settlement Agreement implementation
- Recruitment and Retention at State Hospitals
$29.3 million to increase mental health services across the state

- $15.0 million SGF in FY 2023 to contract and build capacity of **50 new regional beds**, including $10.0 million in start-up and construction support and $5.0 million in ongoing costs. Unlike SIA, this adds new beds in a regional model
  - Adds 25 regional involuntary beds;
  - Adds 25 forensic beds for competency needs.
- $2.8 million SGF to expand KDADS’s provider pool providing **mobile competency evaluations**
  - Will expand to include community mental health centers to reduce the competency evaluation and restoration backlog.
  - KDADS will be introducing accompanying legislation to make statutory changes based off what we have learned from the mobile competency pilot project.
Budget Enhancements for Mental Health

$29.3 million to increase mental health services across the state

• $2.0 million SGF in FY 2022 and $10.0 million SGF in FY 2023 for implementation of Crisis Intervention Centers
  • Provides new capacity in community to divert state hospital involuntary admissions.
  • Expansion of scope of existing crisis stabilization centers and higher cost of serving involuntary patients.
• $1.5 million SGF in FY 2023 for suicide prevention and implementation of the state’s Suicide Prevention Plan
  • Supports local coalitions and grants to local communities for targeted action plans.
  • Note this is separate from 988 call center implementation.
Other KDADS Budget Enhancements

- **Behavioral Crisis Stabilization Unit at Parsons State Hospital**, $644,388 from the State General Fund for 13.00 FTE positions to establish a Behavioral Crisis Stabilization Unit.
  - The unit will provide a short-term placement and treatment resource for individuals with intellectual disabilities experiencing an acute behavioral or psychiatric crisis that may temporarily prohibit them from living safely in their community setting. Individuals utilizing these services will receive intensive, behavioral assessments and interventions coupled with psychotropic medication evaluations.
  - The BCSU would operate 24 hours, 7 days per week. It would be staffed with 1.00 FTE Program Director position and 12.00 Client Training Supervisor positions. All staff would be required to be trained in Nonviolent Crisis Intervention with Advanced Physical Skills.
Other KDADS Budget Enhancements

• **HCBS Rates**, $23.2 million from all funding sources to equalize rates across waivers and provide a 2% increase for Personal Care Services in each waiver.

• $838,600 from all funding sources, including $635,200 from the State General Fund for FY23 for an additional 8.00 **Health Facility Surveyor FTE positions** to ensure adequate safeguards and protection of vulnerable populations.
Nursing Facility Program

Daniel Goodman, Assistant Commissioner, Long-Term Services & Supports
The Nursing Facility Program provides oversight of the following:

- Medicaid Enrollment
- Change of Ownerships
- Reimbursement/Rate Setting
- Auditing of Cost Reports
- Quality Care Assessment
- CMS Enforcement
- Ventilator Program
- PEAK 2.0
- Nursing Facility Regulations
Nursing Facilities Medicaid Monthly Average Caseload

<table>
<thead>
<tr>
<th>Year</th>
<th>Average Caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFY 2013</td>
<td>10,788</td>
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<tr>
<td>SFY 2014</td>
<td>10,783</td>
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<tr>
<td>SFY 2015</td>
<td>10,491</td>
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<td>SFY 2016</td>
<td>10,235</td>
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<td>SFY 2017</td>
<td>10,047</td>
</tr>
<tr>
<td>SFY 2018</td>
<td>10,049</td>
</tr>
<tr>
<td>SFY 2019</td>
<td>10,226</td>
</tr>
<tr>
<td>SFY 2020</td>
<td>10,500</td>
</tr>
<tr>
<td>SFY 2021</td>
<td>9,297</td>
</tr>
<tr>
<td>SFY 2022 Q1</td>
<td>9,384</td>
</tr>
<tr>
<td>SFY 2022 Q2</td>
<td>9,101</td>
</tr>
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</table>
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:
  o One facility closed in 2018, one sold in early 2019.
  o The fifteen Skyline facilities sold effective October 1, 2019.
  o One of the three Pinnacle Receivership facilities sold November 1, 2019.
  o One facility sold June 1, 2020.
  o One facility sold in August 2020.
  o A facility sold in February 2021.
  o One facility remains on the market for sale.
Home & Community Based Services (HCBS)
Amy Penrod, Commissioner, Long-Term Services & Supports
## HCBS Waiver Enrollment—December 2021

<table>
<thead>
<tr>
<th>HCBS Program</th>
<th>Number of People Eligible to Receive HCBS Services</th>
<th>Number of People on Wait List</th>
<th>Number of Proposed Recipients</th>
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</thead>
<tbody>
<tr>
<td>Autism</td>
<td>57</td>
<td></td>
<td>381 (As of 012/31/2021)</td>
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<tr>
<td>Serious Emotional Disturbance (SED)</td>
<td>3,111</td>
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<tr>
<td>Technology Assisted (TA)</td>
<td>660</td>
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<tr>
<td>Frail Elderly (FE)</td>
<td>6,157</td>
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<tr>
<td>Brain Injury (BI)*</td>
<td>828</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual and Developmental Disabilities (I/DD)</td>
<td>9,061</td>
<td>4,640</td>
<td></td>
</tr>
<tr>
<td>Physical Disability (PD)</td>
<td>6,110</td>
<td>2,142</td>
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</tr>
</tbody>
</table>

**Notes:**
- Data as of January 18, 2022
In addition to the day-to-day management of the seven HCBS Waiver programs, KDADS continues to focus on the following initiatives:

• 10% FMAP Enhancement Projects
• Final Settings Rule Compliance
• Brain Injury Waiver Policies
• Waiver Amendments for Telehealth, Paid Family Caregivers, and Waiver Quality Performance Measures
• Autism and SED Waiver Renewals (renews in 2022)
KDADS is expected to draw down approximately $80.3 million in additional federal match for Home and Community Based Services (HCBS) for which the State Funds savings must be reinvested in HCBS-related initiatives.

- KDADS and KDHE submitted the initial spending plan to CMS on July 9, 2021.
- Received Conditional Approval letter from CMS on January 31, 2022.
  - Begin the process of drawing down the enhanced match funding retroactive to April 1, 2021.
  - Initiate implementation of approved projects.
- Projects focus on Workforce, Employment, and Access to Care.
- Highest priority project is Workforce Recruitment & Retention Bonus Program.
  - Engaging a vendor to provide administrative services support for the project.
Remediation
- Oct. 2020-June 1, 2022
- Providers that have areas of non-compliance require remediation.
- As of June 1, 2022, all providers and settings are expected to have submitted remediation evidence.
- KDADS is committed to working with providers to come into compliance.

Heightened Scrutiny
- Sept. 2020-Oct. 2021
- Sites that have features that institutionalize or isolate HCBS participants will receive an additional assessment.
- Feedback will be offered to the provider to bring the site into compliance with the Final Settings Rule.
- As of November 30, 2021, KDADS 68 “on-site” assessments have been completed.

Compliance
- As of December 31, 2021, over 64% of settings engaging with Community Connections have been deemed compliant.
- September 2022: All providers and settings are expected to have received a compliance determination.
- March 17, 2023: All settings in the State of Kansas must be compliant to continue to serve individuals through Medicaid HCBS.

Ongoing Monitoring
- KDADS is developing a streamlined ongoing monitoring process to ensure Kansas maintains compliant settings.
- Additional updates will be provided as the project develops.
• Community Connections is seeking opportunities to attend meetings, events, and conferences to continue outreach and education activities for the Final Settings Rule.

• Currently, Final Rule education sessions are occurring with persons served and their supports. Please contact LaTonia Wright at latonia1.wright@ks.gov if interested in scheduling a presentation for providers, advocacy groups, etc.

• Please visit the Community Connections website for Final Rule updates, remediation resources, and posts of past trainings: www.Communityconnectionsks.org
Brain Injury Waiver Policy Workgroup

Key recommendations include:

- All waiver participants will start their services with a transition plan in place identifying their goals and the therapies and services needed to reach those goals. This will be part of the Person Centered Service Plan and will be reviewed every six months.
  - Scheduled for Q2 of 2022.
- A Services Review Team process will be established to review services for participants requiring a review of the needs of the waiver participant and program goals.
  - Services Review Team pilot resulting in 4 closures, 3 transitions to PD waiver, and 2 continuing service.
- Utilize a single evidence-based assessment to determine progress for all waiver participants. The Mayo-Portland assessment will be used to assist the service planning team to assess progress and rehabilitation needs.
  - Assessment workgroup met 1/13/2022, planning for pilot of the assessment; will meet again in February.
- Alignment of the Physical Disability Waiver Personal Care Services (PCS) rates to equal the Brain Injury PCS rates.
  - Governor’s Budget Recommendation includes an enhancement to address standardization of PCS rates.
- Identify long-term waiver participants who have not utilized services and determine the need for transition.
  - MCOs have compiled and provided information and review by KDADS is currently underway.
- Continue stakeholder engagement to ensure program improvements meet the established goals.
  - KDADS will reconvene BI Workgroup after Services Review Team pilot to review results.

The additional datapoints required to be reported by HB 2007 can be found in the Appendix to this presentation.
Increase Specialized Medical Care Rate for I/DD Waiver
• The Governor’s Budget Recommendation includes an enhancement of $1.67 million, of which $665,049 is from the State General Fund, to increase the T1000 Specialized Medical Care rate for the I/DD Waiver to match the increase in rate provided by the 2021 Legislature for the Technology Assisted waiver.

Increase Lifetime Limit for Assistive Services
• The Governor’s Budget Recommendation includes an enhancement of $1.8 million, of which $716,493 is from the State General Fund, to increase the lifetime limit for assistive services from $7,500 to $10,000.

Standardize PCS Rates
• The Governor’s Budget Recommendation includes an enhancement of $23.2 million, of which $9.25 million is from the State General Fund, to standardize HCBS Personal Care Services (PCS) rates across waivers and to provide a further 2.0 percent rate increase.
## HCBS Reimbursement Rates

### Governor’s Budget Recommendation

<table>
<thead>
<tr>
<th>Service</th>
<th>Procedure Code</th>
<th>Current Rate</th>
<th>Proposed Rate</th>
<th>% Increase</th>
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<tbody>
<tr>
<td><strong>Brain Injury (BI)</strong></td>
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</tr>
<tr>
<td>Financial Management Services</td>
<td>T2040 U2</td>
<td>$125.04</td>
<td>$127.54</td>
<td>2.00%</td>
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<tr>
<td>Personal Services / Agency-Directed</td>
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<tr>
<td><strong>PHYSICAL DISABILITY (PD)</strong></td>
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<tr>
<td>Personal Services / Self-Directed</td>
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<td>Financial Management Services</td>
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<td>2.00%</td>
</tr>
<tr>
<td><strong>FRAIL ELDERLY (FE)</strong></td>
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<td></td>
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<tr>
<td>Personal Care Services / Level 1 / Agency Directed</td>
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<td>Personal Care Services / Level 2 / Agency Directed</td>
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<td>$3.30</td>
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</tr>
<tr>
<td>Comprehensive Support / Agency-Directed</td>
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<td>$3.75</td>
<td>2.00%</td>
</tr>
<tr>
<td>Comprehensive Support / Self-Directed</td>
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<td>$2.96</td>
<td>$3.30</td>
<td>11.65%</td>
</tr>
<tr>
<td>Financial Management Services</td>
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<td>$125.04</td>
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<tr>
<td><strong>TECHNOLOGY ASSISTED (TA)</strong></td>
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<tr>
<td>Financial Management Services</td>
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<td>$125.04</td>
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<td><strong>INTELLECTUAL DEVELOPMENTAL DISABILITY (IDD)</strong></td>
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<td>2.00%</td>
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<td><strong>SEVERE EMOTIONAL DISTURBANCE (SED) Waiver</strong></td>
<td>T1019 HK</td>
<td>$6.52</td>
<td>$6.65</td>
<td>2.00%</td>
</tr>
</tbody>
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[Kansas Department for Aging and Disability Services]
Behavioral Health Services
Drew Adkins, Assistant Commissioner, Behavioral Health Services
Psychiatric Residential Treatment Facilities

- Current MCO wait list as of 1/27/22 was 152, which is up 6 from the previous report.
  - Of the 152 individuals, 42 were in foster care which is up 1 from the previous report.
- Current number of PRTF licensed beds is 424. 161 of these beds are not being used by providers due mainly to staffing shortages and Covid-19 protocols shrinkage. Current census is 263 total, of which 68 are foster care youth.
- KDADS continues to meet with MCOs and DCF weekly to review individual cases on the wait list.
- All 3 MCOs continue to make good progress on connecting members to community services.
- KDADS has begun analyzing referral data from MCOs by CMHC catchment area to determine if SED waiver services are being applied for and provided prior to referral to PRTFs.
CCBHC Updates

• KDADS and KDHE continue to work together to implement readiness for CCBHC certification by May 2022.

• BHS has hired all staff for the CCBHC Team.

• KDADS continues to work with KDHE and consultants to complete the State Plan Amendment for CCBHC services.

• KDHE and KDADS continue work on MMIS policies for CCBHCs.

• KDADS staff have begun preparations for desk reviews of CCBHC cost reports.

• KDADS staff have begun on-site visitations with CCBHC applicants.
Kansas CCBHC Timeline

Provider Cost Report Submission to KDHE and Mercer
Dec 31, 2021

Draft SPA Submitted to CMS for informal review
Dec 31, 2021

Policy & Procedure Manual Development
Jan 1, 2022

Rate Development & Quality Bonus Payment Methodology Determined
Dec 2021

SPA Submission 90 Day Clock
March 2022

CCBHC Go-Live
May 1, 2022

Provider Training, Readiness Review, Certification, and Enrollment
April 2021
• The 2021 State Fiscal Year Annual CARE Report is available on the KDADS website under the Client Assessment Referral and Evaluation section (https://kdads.ks.gov/provider-home/care-provider-information).

• KDADS recruited temporary workers and assistance from current BHS staff to work on the non-Medicaid nursing facility admission assessments still pending data entry into the system.

• Level II Evaluation request for proposal is pending Department of Administration review and publication to contract with staff not associated with Community Mental Health Centers or Nursing Facilities for Mental Health to avoid conflict of interest or perceived conflicts of interest.
The CARE Team consists of the following positions:

- CARE Program Manager (1)
- CARE II Nurse (1)
- CARE Specialist (2)
- CARE Temps (2)

During State Fiscal Year 2021, the CARE team has completed the following Level II Evaluations:

- 275 First time Level II Evaluations for SPMI
- 44 First time Level II Evaluations for IDD/DD/RC
- 122 Resident Reviews for Level II clients already in the nursing facility for SPMI
- 08 Resident Reviews for IDD/DD/RC
- 116 Canceled as they did not meet criteria for a Level II Evaluation
• NFMH Administrator hired to manage all aspects related to the NFMH Pre-Litigation Settlement Agreement.

• Informed Choice Trainer hired to assist with updating manuals and program materials for education to internal and external partners. Another Informed Choice Trainer will be hired.

• Multiple request for proposals in process including case management, assertive community treatment (ACT), and individual placement and support services (IPS).

• KDADS facilitated its second quarterly meeting with DRC and external parties on January 26\textsuperscript{th} 2022 with clear expectation of standards and procedures moving forward. KDADS continues to work on establishing baseline data and internal procedures to assess measurements.
• Quality Assurance team 75% hired to include a QA Manager, Supported Employment (IPS) specialist, and Assertive Community Treatment (ACT) specialist.

• Working to ensure staff are trained and ready for fidelity reviews with the CCBHC implementation.

• Plan to look at ways that we can expose Quality Assurance to BHS and help keep tabs on metrics, benchmarks, and measures that will help us achieve excellence.
Survey, Certification & Credentialing
Scott Brunner, Deputy Secretary of Hospitals & Facilities
Lacey Hunter, Commissioner, Survey, Certification & Credentialing
Under the authority of [HB 2477](https://www.legis.kansas.gov/BillStatus/ShowBill.action?BillNum=HB2477&Year=2023) and in conjunction with Current [Federal 1135 Waivers](https://www.hhs.gov/):

Allows Temporary Aides to work providing resident care with 8 hours of training through January 20, 2023.

Extends any renewal deadline for any occupational or professional license, certificate or registration issued by the Kansas Department for Aging and Disability Services through January 20, 2023.

Allows temporary credentials for people previously licensed by KDADS.

- Upon application, could temporarily reactivate a license that had been issued after January 6, 2017. The temporary credentials expire January 20, 2023.

Extends any deadline for continuing education requirements mandated by the Kansas Statutes Annotated, and amendments thereto, or any rule and regulation through January 20, 2023.

Allows temporary licenses for facilities needing to respond to outbreaks for proper co-horting.
The two exceptions listed below are authorized for CNA/CMA courses that started on or before January 1, 2022.

1) Simulated Labs for the clinical portion for CNA and CMA courses.

2) CNA Trainee II HRS may count towards the required 25hrs of Part II clinicals

These exceptions will be granted on a case-by-case basis and only if the no clinical sites are available. The sponsor of the course needs to make sure all clinical sites options have been exhausted.
Direct Care Workforce

Yearly Comparison Based on # of Courses Approved by Start Date

# of courses approved by type

- **90 HR CNA**: 882 (Jan-Dec 2021), 791 (Jan-Dec 2020), 847 (Jan-Dec 2019)
- **75 HR CMA**: 365 (Jan-Dec 2021), 344 (Jan-Dec 2020), 311 (Jan-Dec 2019)
- **HHA**: 85 (Jan-Dec 2021), 91 (Jan-Dec 2020), 103 (Jan-Dec 2019)
- **CNA Refresher**: 76 (Jan-Dec 2021), 63 (Jan-Dec 2020), 70 (Jan-Dec 2019)
- **CMA Refresher**: 261 (Jan-Dec 2021), 278 (Jan-Dec 2020), 284 (Jan-Dec 2019)

Legend:
- **Jan-Dec 2021**
- **Jan-Dec 2020**
- **Jan-Dec 2019**
Direct Care Workforce

Yearly Comparison for Initial Certification

# of Initial Certification by type between Jan-Dec

<table>
<thead>
<tr>
<th>Type</th>
<th>Jan-Dec 2021</th>
<th>Jan-Dec 2020</th>
<th>Jan-Dec 2019</th>
</tr>
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<tbody>
<tr>
<td>Initial CNA</td>
<td>5746</td>
<td>4585</td>
<td>317</td>
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<tr>
<td>CNA Interstate/Allied</td>
<td>6122</td>
<td>263</td>
<td>230</td>
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<tr>
<td>Initial CMA</td>
<td>2266</td>
<td>1818</td>
<td>1890</td>
</tr>
<tr>
<td>Initial HHA</td>
<td>517</td>
<td>463</td>
<td>565</td>
</tr>
</tbody>
</table>

Jan-Dec 2021: Black
Jan-Dec 2020: Gray
Jan-Dec 2019: Light Blue
KDADS PEAK Overview

PROMOTING EXCELLENT ALTERNATIVES IN KANSAS NURSING HOMES (PEAK)

The Kansas Department for Aging and Disability Services (KDADS) is committed to ensuring high quality services for Kansas nursing home residents. For the past ten plus years, KDADS has been recognizing nursing homes for successfully implementing culture change through the Promoting Excellent Alternatives in Kansas Nursing Homes program, commonly known as PEAK. From the beginning of PEAK, KDADS pursued two primary goals. First, the agency presented annual awards to homes which accomplished significant culture change. Second, KDADS worked to educate others about the culture change movement and the accomplishments being made in Kansas.

Beginning in 2012, PEAK expanded from a recognition program to a pay-for-performance Medicaid program in efforts to speed up the rate of adoption of person-centered care practices in Kansas nursing homes. The program had an overwhelming response, with 125 homes enrolling in PEAK 2.0 the first year. It was unexpected that such a large number of participants would get involved so KDADS quickly arranged a partnership with the Kansas State University (KSU) Center on Aging to administer the program. To date, 165 homes are actively involved in the program.

KDADS continues to manage payment of incentives earned, but the KSU Center on Aging handles program administration including application, education and evaluation. Please visit the KSU Center on Aging website to learn more about the program.
PEAK Advisory Board: This group broke into three work groups:

1. PEAK Program Revision Group
2. Recruitment Group: Recruiting dropped homes & recruiting homes to the revised program
3. PEAK Criteria and COVID considerations.

The PEAK Criteria and COVID considerations group will present their recommendations to the full PEAK group at its meeting in February. They will recommend some temporary changes to the criteria for the 2022-23 year for the full group to consider.

Meeting with all homes in the program via Zoom to discuss COVID challenges, review PEAK status and an individualized plan for each home, which includes an abbreviated self-audit process, and a discussion of the impact of the upcoming program revisions on the home specifically with suggestions about how to best move forward.

Workforce/Staffing interviews: The PEAK team is conducting interviews with frontline workers (both those employed by the home or agency) to learn more about their workplace experience through COVID. We have completed multiple interviews with about 20 homes across the state. These are qualitative interviews to identify themes or trends surrounding workforce conditions/experiences during COVID, as well as indicators that might drive workplace shortages.
What is the level of antipsychotic use in residential facilities other than certified nursing facilities, such as SLO facilities and Home Plus?

There is no survey measure or reportable measure for these types of facilities. There is some possible bandwidth that the MCO’s be able to identify some of these measures for HCBS client’s living in a state licensed only adult care home setting. There are however some safeguards in place but with the ability to self manage and administer medications in these setting it makes it more difficult to know true totals.

- **Medication orders.** Only a licensed nurse or a licensed pharmacist may receive verbal orders for medication from a medical care provider. The licensed nurse shall ensure that all verbal orders are signed by the medical care provider within seven working days of receipt of the verbal order.
- **Standing orders.** Only a licensed nurse shall make the decision for implementation of standing orders for specified medications and treatments formulated and signed by the resident’s medical care provider. Standing orders of medications shall not include orders for the administration of schedule II medications or psychopharmacological medications.
- A licensed nurse informs the resident or the resident’s legal representative that the medication did not go through the usual process of labeling and initial review by a licensed pharmacist pursuant to K.S.A. 65-1642 and amendments thereto, which requires the identification of both adverse drug interactions or reactions and potential allergies. The resident’s clinical record shall contain documentation that the resident or resident’s legal representative has received the information and accepted the risk of potential adverse consequences.

Q: Do the MCOs always exclude schizophrenia, Huntington’s Disease, and Tourette’s Syndrome when reporting totals for antipsychotic drug use?

Yes, that is the way the Pay for Performance measure is defined by the state. The measure is “Percentage of long-term stay nursing home residents who are receiving an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington's Disease or Tourette's Syndrome.”

This reflects the CMS Quality Measure used in Nursing Home Compare, along with the measure specifications utilized in the nursing facilities’ MDS assessment required by CMS.
Q: What steps are MCOs taking to track the diagnoses excluded from antipsychotic drug measurements?

Aetna Better Health has a clinical workgroup that meets routinely to review members who are identified as being prescribed antipsychotic medications. Reconciliation of diagnoses, included those excluded, is completed through member information obtained by Aetna Better Health through care management, claims, etc., and/or through medical records received from the facility.

United Healthcare follows the specifications of the pay for performance measure using the CMS MDS data indicating medications received that are in the antipsychotic category excluding UHC members with a diagnosis of Huntington's Disease, Tourette's Syndrome, or Schizophrenia.

We review the CMS MDS survey data provided by KDADS. This is the data source the State uses for the P4P measure. We also review claims Sunflower receives and member health assessments. We use the claims and health assessment information to educate facilities about completing the MDS Correctly or updating during reassessment to accurately reflect the current diagnosis.
### Long Term Care Surveys

- **Nursing Facilities**
  - Initial and Recertification Surveys
  - Complaint investigations that are triaged as Immediate Jeopardy, Non-Immediate Jeopardy-High or Non-Immediate Jeopardy Medium
  - On-site Revisits
  - Special Focus Facility Surveys

- **State Licensed Only Adult Care Homes**
  - Annual Licensure Surveys
  - Complaint investigations that are triaged as Immediate Jeopardy, Non-Immediate Jeopardy-High or Non-Immediate Jeopardy Medium
  - On-site Revisits
  - Initial Licensure Surveys
Facilities must allow indoor visitation at all times and for all residents as permitted under the regulations. While previously acceptable during the PHE, facilities can no longer limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits.

CMS and CDC continue to recommend facilities, residents, and families adhere to the core principles of COVID-19 infection, including physical distancing (maintaining at least 6 feet between people).

While it is safer for visitors not to enter the facility during an outbreak investigation, visitors must still be allowed in the facility. Visitors should be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of infection prevention.

While not recommended, residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors. In these cases, visits should occur in the resident's room and the resident should wear a well-fitting facemask (if tolerated). Before visiting residents, who are on TBP or quarantine, visitors should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident. Visitors should adhere to the core principles of infection prevention. Facilities may offer well-fitting facemasks or other appropriate PPE, if available; however, facilities are not required to provide PPE for visitors.
If the adult care home’s county COVID-19 community level of transmission is at a substantial or high level, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, at all times.

In areas of low to moderate transmission, the safest practice is for residents and visitors to wear face coverings or masks and physically distance, particularly if either of them is at increased risk for severe disease or are unvaccinated.

If the resident and all their visitor(s) are fully vaccinated and the resident is not moderately or severely immunocompromised, they may choose not to wear face coverings or masks and to have physical contact. Visitors should wear face coverings or masks when around other residents or healthcare personnel, regardless of vaccination status.
State Hospitals

Scott Brunner, Deputy Secretary of Hospitals & Facilities
24/7 Facility Pay Plan: Raise the base pay rates for nursing staff at the state hospitals and other 24/7 facilities

The pay plan includes the following for state employees:

- Permanent Base Pay Increases for all KDOC Job Classes & Nursing Job Classes
- Temporary Pay Differentials for Hourly Employees in the following areas:
  - Differential #1: All 24/7 Facility Staff
  - Differential #2: Uniformed KDOC Security Staff at 24/7 Facilities
  - Differential #3: Nursing Staff at 24/7 Facilities
  - Differential #4: All Staff Working at 24/7 Facilities that are designated at “critical staffing levels” with 25% (or higher) vacancy rates.
- One-Time, $3,500 Bonuses for Salaried Staff at KDOC, KDADS and KCVAO 24/7 facilities.

Started appearing on employee paychecks on January 7, 2022.
KDADS received $9.6 million from the SPARK Committee for the FY 2022 costs of these increases. Funding for FY 2023 included in the Governor’s Budget recommendation.
Recruiting and Retaining Staff

State Hospital Staffing

Direct Care Vacancy Rates by Fiscal Year

- KNI
- LSH
- OSH
- PSH&TC

Hospital Vacancy Rate All Positions

- KNI
- LSH
- OSH
- PSH&TC

Graphs showing vacancy rates for different positions over various fiscal years and periods.
Lifting the moratorium on voluntary admissions includes a mix of bed capacity at Osawatomie State Hospital (OSH) and increasing community-based capacity for inpatient treatment.

The Moratorium on Voluntary Admissions to OSH started in June 2015.

Lifted the moratorium for voluntary admissions on January 3rd, 2022.

OSH staff met with the OSH catchment area Mental Health Centers on December 20th.

Notification went to the Supreme Court and District Courts in the catchment area December 30th.

Started reviewing screening forms for hospital admissions criteria for voluntary patients on January 3rd.

Social detoxification services, through 3 reserved beds, was delayed due to staffing shortages. Started reserving 3 beds for social detox starting January 24th.
### State Institution Alternatives

<table>
<thead>
<tr>
<th>Institution</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cottonwood Springs</td>
<td>Olathe</td>
</tr>
<tr>
<td>KVC Hospitals - Kansas City</td>
<td>Kansas City</td>
</tr>
<tr>
<td>KVC Hospitals - Wichita</td>
<td>Wichita</td>
</tr>
<tr>
<td>Newton Medical Center (NMC)</td>
<td>Newton</td>
</tr>
<tr>
<td>Prairie View, Inc.</td>
<td>Newton</td>
</tr>
<tr>
<td>South Central Kansas Medical Center</td>
<td>Arkansas City</td>
</tr>
<tr>
<td>Via Christi</td>
<td>Wichita</td>
</tr>
<tr>
<td>Anew Health (coming soon)</td>
<td>Shawnee</td>
</tr>
</tbody>
</table>

Utilization from August 30 through January 28, 2021:

- 184 adults
- 373 children

Based on an average length of stay of 14 days, the utilization is equivalent to 17 beds.
KDADS’ budget includes an enhancement of $1.4 million for an additional 36.00 FTE positions to staff the new unit being opened to accommodate the influx of patients and maintain the continuum of care needed for voluntary and involuntary admissions. This is an additional 7.00 FTE positions over what the 2020 Legislature approved but OSH did not utilize at the time due to the moratorium. However, these positions are now needed allow room for the facility to grow in staffing as the moratorium is lifted.

**B2 Remodel:**
- Demolition is complete and construction is nearly finished.
- Expected date to occupy renovated space is January 25, 2022.
- Completion date was pushed back due to back order of patient room doors.
- Adds 14 patient rooms to allow patient moves to accommodate additional renovations.

**East Biddle Remodel:**
- Schematic design drawings are 95% complete.
- Design and plans are being updated based on recommendations from certification consultant.
- Working on revised construction timelines based on revised project plans.
- Projected date to occupy renovated space is September 2023 but we will push for an earlier date.
Continued effort to recruiting additional staff

• Raised Mental Health Disability Technician starting wages in July.

• Governor announced base pay increases for nurses in 24/7 facilities and incremental hourly increases for other staff. Funding authorized by SPARK Committee for FY22.

• Adding and extending contracts for nurses, aides, and social workers.
• The Governor’s budget proposal includes $993,018 from the State General Fund for 5.00 FTE positions to create a Social Detox Program.

• This was available before the moratorium was imposed in 2015.

• A person in law enforcement custody under the influence of a substance and mental health may be an issue, can be brought to OSH for a 24-hour hold.

• After the detox period, the person could be screened for involuntary or voluntary ongoing treatment for their mental health needs.

• Reserving 3 beds on the Adair Acute Care unit for this purpose.

• OSH staff have or can qualify to receive addiction counseling certifications.
How to avoid filling the hospital above capacity and risk losing certification?

Census Management

• All patients must be screened through the Community Mental Health Centers to verify clinical need.
• Admit patients involuntarily committed by the Courts and voluntary patients that seek care that meet clinical criteria.
• Authorize admissions up to a capacity threshold for both voluntary and involuntary patients. When occupancy reaches 85% of capacity, involuntary admissions are prioritized.
• As of January 28, no patients meeting voluntary criteria have been admitted.
Savings Resulting from Transfers to HCBS

• In most, but not all cases, services provided in the community do cost less than those provided in an institutional setting such as an ICF/IDD or a nursing facility.

• However, “savings” are only realized if a bed is closed behind the person transferring to HCBS.

• Due to demand, beds are typically refilled by individuals requiring the level of care provided by the facilities, therefore, the beds are not closed.

• As certified by the Secretary for Aging and Disability Services, despite individuals moving into community settings that does have the effect of cost avoidance, the savings resulting from moving the individuals to home and community based services, as of December 31, 2021, was $0.

• The balance in the Kansas Department for Aging and Disability Services Home and Community Based Services Savings Fund as of December 31, 2021, was $0.
Program of All-Inclusive Care for the Elderly (PACE)

PACE Enrollment

<table>
<thead>
<tr>
<th>PACE Program</th>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ascension Via Christi Hope</td>
<td>286</td>
</tr>
<tr>
<td>Midland Care</td>
<td>421</td>
</tr>
<tr>
<td>Bluestem Communities</td>
<td>98</td>
</tr>
<tr>
<td><strong>Total PACE Enrollment</strong></td>
<td><strong>805</strong></td>
</tr>
</tbody>
</table>

Note: Data as of January 26, 2022. Beginning in FY23, PACE will be incorporated into caseloads.
Administrative Case Management provides eligibility and enrollment assistance to individuals who have been found functionally eligible for the Brain Injury, Physical Disability, and Frail Elderly waivers, as well as PACE.

<table>
<thead>
<tr>
<th>Administrative Case Management</th>
<th>CY 2021</th>
<th># Unduplicated Served</th>
<th># Units</th>
<th># Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>565</td>
<td>2,387</td>
<td>596.75</td>
<td></td>
</tr>
<tr>
<td>February</td>
<td>640</td>
<td>3,020</td>
<td>755.00</td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>689</td>
<td>3,443</td>
<td>860.75</td>
<td></td>
</tr>
<tr>
<td>April</td>
<td>651</td>
<td>2,713</td>
<td>678.25</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>589</td>
<td>2,792</td>
<td>698.00</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td>557</td>
<td>3,134</td>
<td>783.50</td>
<td></td>
</tr>
<tr>
<td>July</td>
<td>640</td>
<td>3,191</td>
<td>797.75</td>
<td></td>
</tr>
<tr>
<td>August</td>
<td>645</td>
<td>3,337</td>
<td>834.25</td>
<td></td>
</tr>
<tr>
<td>September</td>
<td>623</td>
<td>3,123</td>
<td>781.00</td>
<td></td>
</tr>
<tr>
<td>October</td>
<td>653</td>
<td>3,123</td>
<td>781.00</td>
<td></td>
</tr>
<tr>
<td>November</td>
<td>615</td>
<td>2,261</td>
<td>565.25</td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>635</td>
<td>2,458</td>
<td>614.50</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>34,982</td>
<td></td>
<td>8,746.00</td>
<td></td>
</tr>
</tbody>
</table>
HCBS/BI Participants by Length of Stay

Number of Participants

- **SFY 2021 Q3**
  - Less Than 2 Years: 518
  - 2-4 Years: 85
  - Over 4 Years: 122

- **SFY 2021 Q4**
  - Less Than 2 Years: 548
  - 2-4 Years: 92
  - Over 4 Years: 122

- **SFY 2022 Q1**
  - Less Than 2 Years: 556
  - 2-4 Years: 115
  - Over 4 Years: 126

- **SFY 2022 Q2**
  - Less Than 2 Years: 612
  - 2-4 Years: 127
  - Over 4 Years: 139
Annual Unduplicated Count of Participants by HCBS/BI Waiver Year

*HCBS/BI waiver operates on a SFY timeframe.
Participants Who Received Initial Services Within X Days from Enrollment on the HCBS/BI Program (SFY20)

*Data is pulled a year from current time to account for claims lag
Last Service Received Prior to Unenrollment from HCBS/BI Program (SFY20)

*Data is pulled a year from current time to account for claims lag

Unenrolled Participants

30-59
60-89
90-119
120+ Days

SFY20*

*Data is pulled a year from current time to account for claims lag
HCBS/BI Average Per Member Per Month Cost

<table>
<thead>
<tr>
<th>Year</th>
<th>HCBS Allocation of Cost</th>
<th>Non HCBS Allocation of Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFY 2019</td>
<td>$2,486</td>
<td>$2,970</td>
</tr>
<tr>
<td>SFY 2020</td>
<td>$2,264</td>
<td>$3,126</td>
</tr>
<tr>
<td>SFY 2021</td>
<td>$2,429</td>
<td>$2,949</td>
</tr>
</tbody>
</table>
Number of HCBS/BI Participants by County (SFY21)
Number of HCBS/BI Participants Per Capita* by County (SFY21)

* Per capita calculation is based on 2019 Census Population Estimates
Average Monthly Caseload for ICFs
And Head Injury Facilities

<table>
<thead>
<tr>
<th></th>
<th>SFY 2016</th>
<th>SFY 2017</th>
<th>SFY 2018</th>
<th>SFY 2019</th>
<th>SFY 2020</th>
<th>SFY 2021</th>
<th>SFY 2022 Q1</th>
<th>SFY 2022 Q2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Private ICFs</strong></td>
<td>137</td>
<td>133</td>
<td>137</td>
<td>119</td>
<td>110</td>
<td>103</td>
<td>47</td>
<td>51</td>
</tr>
<tr>
<td><strong>State I/DD Hospitals</strong></td>
<td>305</td>
<td>300</td>
<td>291</td>
<td>297</td>
<td>288</td>
<td>274</td>
<td>272</td>
<td>270</td>
</tr>
<tr>
<td><strong>Head Injury Rehabilitation Facility</strong></td>
<td>29</td>
<td>28</td>
<td>34</td>
<td>33</td>
<td>31</td>
<td>41</td>
<td>57</td>
<td>59</td>
</tr>
</tbody>
</table>
Number of Persons Transitioned on Money Follows the Person (MFP)

Monthly Average Eligibility Caseload

- SFY 2015
- SFY 2016
- SFY 2017
- SFY 2018
- SFY 2019
- SFY 2020
- SFY 2021
- SFY 2022 Q1
- SFY 2022 Q2

MFP I/DD
MFP FE
MFP PD
MFP BI
Average Monthly Caseload for HCBS IDD/PD/FE/BI Services

SFY 2016
SFY 2017
SFY 2018
SFY 2019
SFY 2020
SFY 2021
SFY 2022 Q1
SFY 2022 Q2

<table>
<thead>
<tr>
<th>Year</th>
<th>I/DD</th>
<th>FE</th>
<th>PD</th>
<th>BI</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFY 2016</td>
<td>8801</td>
<td>5049</td>
<td>63</td>
<td>486</td>
</tr>
<tr>
<td>SFY 2017</td>
<td>8926</td>
<td>4863</td>
<td>6071</td>
<td>453</td>
</tr>
<tr>
<td>SFY 2018</td>
<td>9043</td>
<td>4690</td>
<td>5896</td>
<td>434</td>
</tr>
<tr>
<td>SFY 2019</td>
<td>9062</td>
<td>4545</td>
<td>5790</td>
<td>390</td>
</tr>
<tr>
<td>SFY 2020</td>
<td>9106</td>
<td>4834</td>
<td>6014</td>
<td>461</td>
</tr>
<tr>
<td>SFY 2021</td>
<td>9078</td>
<td>5528</td>
<td>6050</td>
<td>668</td>
</tr>
<tr>
<td>SFY 2022 Q1</td>
<td>9110</td>
<td>5893</td>
<td>6049</td>
<td>778</td>
</tr>
<tr>
<td>SFY 2022 Q2</td>
<td>9081</td>
<td>6090</td>
<td>6086</td>
<td>814</td>
</tr>
</tbody>
</table>
KNI Average Daily Census

Kansas Neurological Institute
Average Daily Census

SFY 2013: 145
SFY 2014: 143
SFY 2015: 144
SFY 2016: 141
SFY 2017: 142
SFY 2018: 140
SFY 2019: 138
SFY 2020: 132
SFY 2021: 126
SFY 2022 Q1: 125
SFY 2022 Q2: 126