

Transcript

May 20, 2024, 2:45PM

SG

Sunflower Guest 18:23

Good morning.

Good morning, everybody.

Welcome.

It's great to see everybody here today.

I know we've got some folks joining us online, excited to have everybody here for our post session stakeholder meeting agenda.

I know for those of you who are like those legislative geeks, you know, there's still more session to come, but hopefully that won't involve most of us in this room very much when that comes to pass.

So again, I would like to do this kind of an event after the legislative session to just have a chance to summarize the legislation that we were successful in advancing or you were successful in helping to advance.

The legislation that maybe that didn't get through the process.

And then also what happened in the budget and the appropriations process, because we know that so much of what happens that affects us as an agency has to do with the resources that we're allocated to do it, to do our work.

I would say umm, coming into this legislative session, you know we had a fairly robust legislative package and we were pleased to have a lot of success with that.

And to see some of those things driven forward.

And so I think I certainly would want to give some thanks to Governor Kelly for what she advanced within her budget for the proposals that she supported.

But I also want to give a big shout out to the legislature as well.

For what was accomplished in the session, how legislators heard not just from us, but from all of you, if you testify, and on a bill, or if you gave your support behind some funding in this legislative process, you know, raise your hand.

Yeah, let's give yourselves a round of applause.

I have to be really honest as I as we sit here today and as we get prepared to talk with you about kind of the, the totality of the KDADS budget enhancements and the legislation, it's actually really pretty daunting and overwhelming and frankly a little bit humbling to me.

I don't think that I've ever seen the level of resource dedicated to a budget as occurred in the KDADS budget this year. And I know as an old budget analyst myself, one of the things we were always taught and that you that you learn in school, right as well, is that a budget is really a reflection of values.

So as we talk about those budget items today, think about what that means in terms of the values, the values of the governor, the values of legislators, the values that you brought forward and the values that really are then kind of upon us as an agency to make sure that we execute effectively with all of you as partners.

And I think a lot of trust has been put this way in terms of the level of resources as well as the legislation.

You know, as you hear about some of the legislation that passed, I felt like this was a session where the legislature would say maybe we should move this program to KDADS.

Why don't we move this program to KDADS and you know, and again, that feels really good in the sense that people feel like, yes, OK, KDADS is a good place to carry this out and do advances forward again.

We don't take lightly the responsibility that that gives to us and the opportunity that gives to us as we work together with all of you again to advance those policies and those programs forward.

So again, I kind of get the easy part.

Today I'm going to hand most of this off to my team members to first have a review of our budget enhancements at a high level.

Then a review of the legislation impacting KDADS, and then you'll hear from each Commission a little bit more detail about those budget items and about some of the top priorities that that they have going forward.

And when then we'll make sure we take some time for questions and answers from all of you at the end.

So again, thanks so much for being here.

I will turn this over to Brad to talk about the KDADS budget enhancements.

Good morning.

I'm Brad Ridley, Finance and Information Services Commissioner and CFO for KDADS, and I'm going to just give some quick highlights of the budget summary and really reference this colorful sheet that hopefully you picked up on the way in and everyone online I believe has been sent a copy.

First, you'll see on this sheet that it's divided up between fiscal years, so this is a summary of all the budget ads from this last legislative session.

There's one item for fiscal year 24, so that's the fiscal year ending here on June 30th and then the rest of the items are for fiscal year 25, which is the fiscal year beginning July 1.

Then you'll see the color coding that kind of shows where the funding was introduced, the green are the items the governor recommended in January.

The blue are the governor's budget amendment that were made in February that added slots for a couple of the HCBS waivers.

The yellow are the legislative additions, the orange are the omnibus legislative items that just the governor just signed in last week and the purple are the consensus caseloads addition.

So just real quick explanation of consensus caseloads.

That's a process that happens every fall and every spring, which is essentially where the agency KDADS, the governor's office, and legislative staff get together to determine what funding is needed for what we consider entitlement programs.

So the two consensus caseload categories you see are KanCare consensus caseloads. That's really everything that's in the KanCare program for KDADS.

That's all of our Medicaid programs less the HCBS waivers

and the non KanCare consensus caseloads, that budget group are the non KanCare items, which include any remaining fee for service Medicaid or nursing facilities for mental health, which are state funded, and then a lot of the assessments for the HCBS and state hospital programs.

And then you'll also see on the list the first column there is the Commission.

So this is the Commission that will be managing the funding and the programs and as Laura mentioned, each Commissioner will talk a little bit more about those details.

And then you can kind of see at the bottom the total lines.

So really, when everything adds up, KDADS received nine additional staff through the budget as well as over \$300 million All funds that's including state and federal and then over \$170 million state funds.

So that's the quick highlights.

And with that, I will hand it over to Leigh.

Hello and welcome.

Thank you all for coming today.

It's great to see so many familiar faces.

The handout I'm going to be reviewing as this one that's 2024 legislative impact, I'm not going to read it line by line and before I start a few caveats.

So this is the second year of the biennium that just finished, but I have only included bills that were either introduced or saw action in 2024 to kind of keep the list down. I've been doing these lists each year and it kind of selfishly, they're really helpful to me whenever I'm going back and there was a bill about this, right, what year was that?

Did it pass?

Easy to go back and reference this list, so I hope that you all are able to use that as well.

And so I've got it sorted by legislation that was passed into law, budget provisos and then legislation that did not make it through the process.

And I guess also another caveat in there is that there were a handful of items that started out as legislation and ended up as budget provisos.

So I didn't list those bills since it passed through the budget process, and those are listed under the budget providers and budget provisos.

I'm thinking specifically of like MHIT, Charlie's law.

There was one more I noticed too, but so that's kind of the setting the stage for this handout.

And I'm gonna talk about these kind of by Commission, too, since we're going to have the Commissioners come up and talk about,

And not all of this legislation necessarily impacts the day-to-day operations at KDADS. It could just be something that I know one of our stakeholders brought or supported or that you all would be interested in.

So I've kind of grouped it into Commission by that.

Starting off with behavioral health services, we had quite a few relevant pieces of legislation to that. Part of the final conference committee report on Senate Bill 287 had to do with parental consent for administering medication, diagnostic testing or behavioral health treatments to a minor and a school facility.

Also part of that conference committee report, there was a provision about emergency medical responders being able to leave behind over the counter drugs. Umm, specifically, something like naloxone would be an example of that.

So that is something that our behavioral health services is certainly interested in and another one this again ended up not the original bill number, but how it passed was

in the Conference committee report on Senate Bill 414.

And this essentially is reverting back to how law was several years ago.

It has to do with 3rd and subsequent DUI offenses, and we were just reinstating the requirement for Community care coordination.

We've seen excellence reduction in recidivism rates for people who go through that program. Several years ago, as part of another DUI related Conference Committee that had been stricken.

So we just reinstated it.

There's an existing funding source that comes from court fees that are paid, so we're ready to go with that back in action now.

Another conference committee report, 419, ended up being where the Good Samaritan legislation was placed.

So that provides immunity from prosecution for controlled substances of individuals.

If someone is having an overdose, needs medical care might be scared to call the police or emergency responders because the house is full of drugs.

But passing this legislation sends the message that life is more important than prosecuting drug crimes and hopefully will encourage more people to contact medical services in situations like that, as well as just bring awareness to the issue.

A few other behavioral health services related items, 2144 created the crime of encouraging suicide.

One of the bills that KDADS spearheaded, and I see several you of you in the room today, Mike and Sue and association community mental health centers that we had started working on House Bill 2353 last session.

It has to do with outpatient treatment orders and at KDADS specifically, we have an assisted outpatient treatment order program under our behavioral health services.

That's kind of like outpatient treatment orders on steroids.

The judge sits down with you.

They don't have their robe on.

They ask you how you're doing and really create a relationship that helps people stick to those orders and stick with their treatment plans.

Again, both in Kansas, we've got a pilot going on in a handful of counties in several counties doing this program by themselves and have seen great results as far as recidivism, both within state institutions as well as the criminal justice system.

So this legislation added some psychiatric deterioration standards to that as well as extended the length of time for the initial ex parte hold order and the outpatient

treatment order.

And then requires the community mental Health Center to share that treatment plan with the court.

So we are excited to see how this can improve outpatient treatment orders in general, but specifically the assisted outpatient treatment program.

And just a little brag on that one, it passed both Chambers unanimously.

So very excited about that.

Let me see if there's any more behavioral health.

Nope, that's good on legislation.

So transitioning now to our long term services and supports Commission, Senate Bill 15 went through very early in session and there were a number of employment related issues in there.

Several years ago, there was a track, a tax credit established for employers that employ individuals with disabilities.

They expanded that as well as creation of grants for 14C employers.

The sub minimum wage, there's transition ongoing at the federal level to get away from that.

So this provides grants that KDADS can distribute to providers to help bring wages up to minimum wage level and that that will be an ongoing effort that you'll be hearing about for several years to come.

But excited to have that grant funding to help with the process.

Umm.

Another long term services and supports one.

This kind of came out of conference committee at the last minute.

It was in the Conference Committee on 2531, so I'm sure you're all familiar with like Amber Alerts for missing children or silver alerts for older adults that maybe have dementia and concerned about them getting home.

The legislature created a purple alert system, which is specific to individuals with IDD, and they're more standards in there like there is concern about them getting home safely.

There's the crisis happening.

It's not just anyone who's lost, but that that came out at the last minute.

So if you if you hear purple alert that that is what is happening.

And then 2784 was another conference committee report that was one of the final

things down to the finish line and it contains a number of issues in there related to KDADS.

I guess I'll start with a bill that we had brought forward about licensing.

It was initially House Bill 2751 and it just updated - this kind of stems from agency reorganization - and KDADS licensing statutes did not align with the Kansas Administrative Procedures Act or the Judicial Review Act didn't have the same authority that other licensing agencies had.

Kind of a boring bill, but important stuff too.

It put waiver authority for the secretary, assuming so that she could waive a rule or regulation, assuming that it does not impact the health, safety or jeopardy of an individual.

Put that in statute, as our regulations have been going through the review process, we have that waiver authority in regulation, but the Attorney General's Office has been like, hey, there's no statutory basis for this in yanking it out.

So excited to have that waiver authority in statute to protect it.

And then some other things that were added to that conference committee report, there is the prohibition for the state fire Marshall to wear body cameras while they're doing surveys.

We heard quite a bit of outrage from various provider types.

I see many of you in the room about the fact that the state fire Marshall was wearing body cameras while they were going into nursing facilities.

Or all sorts of facilities.

And so that is now prohibited by state law.

Another portion of that was transferring of the certification of continuing care retirement communities over to KDADS from the insurance department.

That legislation also created a definition and statute of what a continuing care retirement community is.

And then the final piece that was in that conference committee reports deals with certified community behavioral health centers commonly called CCBHC.

And there's a deemed status in there for current CCBHC as well as a prohibition on other entities outside of the community mental health system becoming CCBHC's with a sunset date on that of February 1st, 2027.

So at that point other entities will be able to apply to become CCBHC's in the state, and in the meantime there was funding in the budget for mini grants for other entities that are interested in pursuing CCBHC licensure, there is a lot of work that

goes into that, as I'm sure many of you are familiar with.

And so there are some funding available to help with that process.

So that conference committee report with so much and it not only touched our long term services and supports Commission on the licensing side for disability providers, but also our survey certification and credentialing Commission, they've got quite a bit of new programming coming over to them, which Lacey will tell you more about here and a bit.

A few other items, legislation that also impact our survey certification and credentialing is Senate Bill 491 has to do with fingerprinting.

There's a handful of state agencies that deal with fingerprinting for licensing purposes, and we've got a health occupations credentialing under our survey certification and credentialing that does fingerprinting for like CNAs and CMAs and nursing facilities.

So this bill kind of houses all that fingerprinting under the KBI.

Ohh and then I already talked about the conference committee report on 287, but I did not mention there's also a part of that Conference committee report is what was referred to as the no patient left alone act that has to do with visitation rights for patients who are at end of life care.

So that will be something that our survey certification as they are going out and doing inspections will be compliant with and looking for as well.

And we do have - I assume most of you are aware at this point - a new Commission, we broke out the long term services and supports so now there's an aging Commission that's specific to aging services and the long term services and supports is more focused on the waivers.

But one piece of legislation I classified it into our aging Commission.

It doesn't actually impact any processes at KDADS, but just something under there that impacts the people they serve.

It would be 2562 and acting the protective vulnerable adults from financial Exploitation Act and that really puts more of an onus on financial institutions for reporting whenever they think that there's financial abuse happening.

And then there were a handful of other bills that were, you know, things were interested in maybe don't necessarily impact operations, but I figured it was worth highlighting.

Senate Bill 333 provides a hiring promotion and retention preference for persons with disabilities and state executive branch positions.

Umm, there was also Senate Bill 360, which changed some reporting dates for able accounts and those are tax free savings accounts.

We have an expert here in the room that can tell you all about them, but for individuals with intellectual developmental disabilities, we've got an ongoing partnership with the Kansas Council on Developmental Disabilities as well as the state treasurer's office to promote these savings accounts to people who are currently on the waiting list.

There's a roadshow going on across the state right now.

And so this legislation just kind of aligns those reporting dates and makes it easier tax wise to contribute to those savings accounts.

But if you know anyone interested in signing up, I believe they've got a grant going right now where if you open an account, you get a matching \$100.

So keep that in mind if you know anyone interested.

There were a couple of pieces of legislation too that just dealt with workforce.

2060 had some various loan provisions in there.

2484 was the social work compact.

You know, we've seen throughout the years, I feel like there's one or two each session, a new profession that has an Interstate compact.

I think the dentists got one too this year maybe.

And one I would expect to see next year would be dietitians.

But yeah, so yay, social workers, they got their Interstate compact passed this year.

I think I've covered all the legislation that passed that I was planning to.

If you move on to the budget provisos that do not have additional funding attached, if you, I guess quick reference back to Brad's sheet that he had the color coded budget items.

I didn't mention all of those.

There's funding attached to it.

Each Commission will kind of go over those in more length, but there are, as you know, are many provisos that don't necessarily have funding attached, but direct the agency to conduct a study, do a report on expenditures, items like that.

So I wanted to just kind of list some of those outs that you all were aware.

As far as reporting, we've got things about like AAA grants.

Reporting to the legislature about dollar amount received by each SUD provider, there's one on crisis services for Kansans with IDD

Some of the bigger ones, so this issue started during the budget process.

We have a line item for contract staffing costs at the state hospitals that was removed by the House Appropriations Committee.

Umm.

With the directions, you have a subcommittee to look for answers to this problem, and there have been bills over the years wanting to regulate these contract staffing entities.

None of them have passed, but it's certainly always been a topic of conversation, I guess specifically since the pandemic, we kind of saw heightened rates as well as necessity to use contract staffing agencies.

So in early April, the House Appropriations Committee put together a subcommittee that looked at this issue, and they came out with a number of recommendations.

One of the things that ended up as a budget proviso was for these supplemental staffing agencies to register with KDADS.

And then there's a couple of things they need to report to us, but essentially it's how much they are charging whatever the facility is that they're using - a state hospital and nursing facility, a hospital - how much they're charging that hospital and then how much they are paying the employee who's actually doing the work there.

And then KDADS will provide a report on that.

And I do expect another recommendation that came out of that appropriation subcommittee was for an interim committee, and I believe it was actually part of the Omnibus budget to create this interim Committee on contract staffing.

You know in the in some of the past legislation, the focus was more on regulating these entities.

But as the subcommittee was doing their work, the focus seems to be more on workforce and how we create a better workforce here in Kansas to get to the root of the problems.

If we don't have the nurses, if we don't have the behavioral health professionals that we need to run our institutions, then the contract staffing issue isn't going to go away.

So that is something that the legislature will be looking at further over the interim and I anticipate will be an ongoing topic of conversation.

Another big budget proviso that I know a lot of you have worked on for many years. It was commonly called Charlie's law has to do with discharge of individuals from facilities, involuntary discharge for the federally licensed facilities there are CMS

regulations, but for the state licensed facilities there is not something similar in state statutes.

This has gone to judicial council in the past, there have been various versions of bills that have had hearings, so kind of the negotiation this year was to have KDADS track the issue, have facilities report their involuntary discharges so that we can come back with a report to the legislature next year and they can really get a grasp on how big of a problem this is.

It's kind of a data finding to determine next steps process, but that is in our budget and I know Lacey will have more to say about how that tracking will happen.

Of course, under our long term services and supports, home and community based service waivers we are working on that Community support waiver.

The proviso remains in there to apply to CMS with that and also related to home and community based service waivers if you notice on Brad's sheet, both the IDD and PD waiver received an additional 500 slots this year.

Very excited that the legislature has made that a priority and kind of put their money where their mouth is and provided more slots.

Umm, along with those additional slots, they did include budget provisos that would cap the waiting list for the IDD waiver at 4800 for the PD waiver at 2000, and those numbers were essentially developed at where the waiting list now is now, minus the 500 slots in trying to keep the waiting list from growing.

Long term services and supports can speak more to that.

It's going to be certainly an administrative process to handle that with and reserve capacity issues and will require supplemental funding from the legislature when we come back in January.

But again, it's refreshing to see interest in addressing these issues.

One other one.

This was the other one that there was a bill, and then it ended up as a budget proviso.

So several years ago, when lottery vending machines became a thing, part of the agreement was this funding a percentage of the funding would go to crisis stabilization services and clubhouse model programs.

I believe the cap started at like \$8,000,000 and we've been getting close to it, so budget proviso raised that to I believe \$10 million in fiscal year 25.

Then there were a couple of more in the omnibus budget.

Again, related to this subcommittee about contract staffing, there was a bill, well

there's a Senate and a House bill introduced last year from the Department of Administration regarding state employee bonuses.

If you remember a few years back coming out of the pandemic when this contract staffing was an issue, one of the things that Governor Kelly recommended and ended up making it through legislature was the 24/7 pay plan is what it was called and that was intended to help with staffing issues at 24/7 facilities which would be state hospitals, prisons and we have a veteran's home under the veterans or soldiers home under the Veterans Commission.

Those are the state 24/7 facilities.

So it provided like incentives and tiers to boost pay and keep people wanting to pick up shifts and keep them employed because we were losing too many people and it was becoming an issue.

But I just remember whenever I was talking to legislators about the 24/7 plan, getting it through a common response was, well, if it was my business, I'd just give him a hiring bonus or something like that.

It's like great idea.

State law doesn't allow us to do that with state employees, so the bills that were introduced by the department administration increased the cap for state employee bonuses as well as the flexibility in providing bonuses.

So we got some of that language added as a budget proviso, just specific to state hospitals, but gives greater flexibilities that we could give a bonus for picking up a shift or a retention bonus or a hiring bonus.

There weren't any funds attached with that.

It would come out of existing funds, but it will be another tool that we can use staffing wise at state hospitals.

And then another major one that you will see from the budget sheet is transferring of the mental health intervention team program, MHIT is what is commonly called, from the Department of Education to KDADS.

There was legislation about this as well and ended up as a budget proviso.

So KDADS will now be administering that program and providing grants to near 100.

There's some money for expansion, over 100 school districts this coming year.

I think that is everything I planned on covering.

If there's something that I missed, feel free to let me know.

Like I said, this is kind of an archival document that I go back to, so if there was any legislation that you were working on or closely following I didn't include, let me

know because I want to put it on my archival list.

So I can come back and look at it later.

Umm.

I guess wrapping up, I mentioned the contract Staffing Subcommittee as far as an interim committee, it is an election year for all 165 legislators.

So I don't anticipate a whole lot of interim committees this session.

As well as we typically have about 30% turnover during election years and so after elections happen, I guess August primaries then general election in November. In December, the newly elected legislators will get together in each Chamber, each party, elect their leadership, then that leadership will perhaps change committees around change Chairman. Going to have new members to appoint to committees, so the legislature next year is going to look different.

You're going to have new members.

You might have different committees.

You're going to have new chairman.

It's going to be a blank slate and starting fresh.

They'll come back January 13th next year.

A lot of you probably follow the Bethell committee.

I still have not heard about a date for the second quarter meeting, but there's not a whole lot of time left in the second quarter, though I assume that will be happening soon.

I know they wanted to focus on the new MCO contracts and that announcement was made last week, so I anticipate that we'll get a Bethell committee scheduled here soon.

So I believe that is the end of my legislative update and I'm going to invite Drew Adkins, who's our Commissioner, behavioral health up here to talk about behavioral health Commission.

Good morning.

I think I have 10 minutes or 15 minutes and there are a lot of things on this sheet which I'm super excited about.

So I will try to be quick or quick as I can.

I'm gonna start with some of the legislative pieces that Leigh briefly went over and I wanna start with house build 2353.

This was something that started back whenever my predecessor, Andy Brown, was in

this role last year and took, essentially, I think a dry run with a lot of the stakeholders that came forth and said, hey, we'd like to beef this up.

Look at this piece of legislation and the service and had some initial concerns.

And so we worked.

From that point I think mid till late of the legislative session last year into this legislative session and I just wanted to highlight the importance of the collaboration we had, I want to say somewhere between maybe 8, the 10, maybe more than that, Stakeholders all come together and actually put something truly incredible in front of committees.

We went through a Judiciary Committee that I feel like we had to reeducate and that was not just the state.

All the stakeholders had to do that and at the end of that, what was so important to me is that we had a family member of an individual that had been affected by the system.

A son that had been continuously going through the cycle, it started out as a high school and college football player and had through crisis and through story had essentially been used up by the system as how his dad had mentioned that to me.

And he came and testified on this and said if you, if you guys keep doing this, you're doing something right.

And so I think that that was important.

And again, I know that we've done our thank you to all the committees members and then also the stakeholders.

But I just wanted to genuinely say that that is a reason why our staff and KDADS and specifically in the behavioral Health Services Commission, get out of bed.

I always tell them to find the fire in your belly and that was one of those moments.

And so thank you for that.

I also am super excited and thankful for everybody who helped us get the third time DUI legislation passed.

That is super important, too.

That's a very, very important program and something that are adult Services Director Charlie Bartlett has worked on for his 20 plus years at the in the Commission and at the agency.

So thank you for that.

A few of the notable highlights from the budget year, I'll start with our one item that for supplemental for state fiscal year 2024 and that's including additional funding for

SUD treatment and services and we got this actually both for fiscal year 24 and for 2025 for each year \$2.5 million for a total of \$5,000,000.

And I think that that highlights the continued importance of individuals that are underinsured and uninsured that are still darkening the doorsteps of our SUD providers and other providers out there that need that service, right?

They're in that gap and that right now they don't have coverage or their coverage is not enough.

And so it's truly an important funding mechanism and we're excited to get that out into the system and in the hands of our providers.

We also got \$1.5 million for what has been titled in your budget spreadsheet as a family treatment, court cost, and so this is going to be a piloted program that it has the intention to start by September 1 of 2024 and it will start in Lyon, Miami and Cowley counties.

And this is a funding for SUD treatment or SUD assessment and treatment for families, for adults and both kiddos, and the estimate or the expectation is that at least 25% of kiddos should be eligible for these services.

And so we're excited to pilot that out hopefully and potentially next year coming back and try to pilot that in other areas and maybe ask for more funding there.

In the behavioral Health Services Commission, we got two positions added into our budget as full time employees and one of those is going to be in our adult services division underneath our housing manager, program manager.

And that's an employee and benefits coordinator.

And I wanted to take a moment to mention why that's important to us and why we asked for that probably at least two to three times a week myself, our Assistant Commissioner, our directors, our program managers and support staff are brought into these complex cases for individuals that are exiting publicly funded institutions or state hospital system, our nursing facilities for mental health, our nursing facilities, and they are being dropped in the cracks of the system right now.

They are going into these institutions for a temporary time and by no fault of their own, no fault of anybody that is a part of these groups and their discharge planning. Somehow they are becoming homeless or they are not able to go back home into their communities.

And so we found it important to have a coordinator for employee and benefits both for Medicaid, Social Security coverage and also for housing to make sure that we have a coordinated, or a point of contact and coordination from the agency, with

other agencies, stakeholders and providers to hopefully make sure that that doesn't happen or at least the we can limit the amount that that does happen.

And so we're very excited about that and that was in the governor's budget recommendations.

So excited to have her support there too.

We also were able to get a family support coordinator, a lead family support coordinator and our children's division, and so this is going to be a position that focuses around services like our parent peer support, early intervention for early intervention in mental health for our kiddos, and also for families.

So some of you might be Privy to the work that we're doing with stakeholders around our zero to five work services that we can get family therapy without the patient president.

And what this person will do will be able to coordinate with different entities, providers, stakeholders and also those of the state to see what we need to do more, what we're missing.

If that includes Medicaid work, if that includes other policy work and try to spearhead those efforts to make sure that we're getting both early intervention and also prevention services out the door.

We did have a line item in the budget for Ember Hope Youthville and aftercare services and I wanted to highlight this really quickly just to say for Ember hope and then all of our other PRTF's or psychiatric residential treatment facilities.

This is a very, very important service and I'll try not to get too much into the minutiae here, but our PRTF's have what's called a per diem rate.

And so everything that they have is put into a costing report and that sent to us and they get that rate output from that.

This is something that we did extra that wouldn't be something that is done at the facility itself, but to follow the individual, hence the aftercare services to make sure that they're getting enrolled in acted and also connected to services after that.

And too many times, both with kids and adults, we see individuals that leave that temporary placement, the temporary services that they're getting, whether that's enhanced or something residential.

And they're not able to get back and connected and so they go continuously through the cycle.

And so we're excited to see that and hopefully a pilot that out in other areas with our PRTF's across the state.

Leigh had mentioned that we inherited the mental health intervention team program. We're very excited to have that and that's going to be dubbed the MHIT program. We will have an MHIT program manager starting here soon and then another support coordinator for that program.

We have already gotten our schools reaching out about that and they are very, very excited.

As are we.

And so I, we obtained the base funding for that and also got additional funding for accredited schools and some of our charter schools and other private schools.

And so we are setting up a process per the proviso, and what that spells out and more information will come out here in the next few weeks.

But we're super thrilled to be able to administer that program in our youth and Children Services division.

Just to hit a couple of other pieces in the budget document we did receive on top of the 2.5 million both for state fiscal year 24 and for state fiscal year 25 for SUD services.

We received a 3.5 million for SUD indigent services and we're working right now with our vendor on that, Carelon, to figure out how we're going to gauge that threshold of who can apply for that where it would be most needed in the state and truly what was the legislative intent behind that.

I'm hoping to have that process and application period out in the next few months, early, late summer, early fall, but essentially this would be to help providers that have a high uninsured or underinsured to their Medicaid rate, so they're covering those cost elsewhere.

And so we want to try and find a way that we can gauge that with our providers, but we're excited to have that.

I believe that is one time funding, but we're excited to see what actionable items come out of that for us as the state agency and what we might need to ask for further.

Uh at the bottom of your sheet there are some things that I wanted to highlight for Kancare consensus caseloads and then also for the non KanCare care consensus caseloads.

So in our consensus caseloads, we had the things such as our CCBHC rebases and I won't go into this in depth, but we have gotten through what our statutory and legislative mandate was either provisionally or fully certifying the 26 Community

mental health Centers is certified community behavioral health clinics.

And so we're extremely excited about that.

And here you'll see that there is a CCBHC rebase, and that's required every two to three years after the initial rebase.

And so we're happy that that made that in there.

We also had additional services that were added into KanCare consensus caseload.

We have our partial hospitalization programming and then our intensive outpatient programming and that is specifically for eating disorder care.

This is something that Kansas does not cover currently, and we had a few of our providers come to us maybe about a year, year and a half ago to Andy and I and say, hey, we are having these individuals show up umm to us, we are not able to treat them right now we are, we have other locations and other states where this is covered.

Is there any way that we can do this and so we worked hard with our staff and also with KDHE division and healthcare finance and we have been able to get approval to start working on state plan amendment to cover those services and then also KanCare policy to cover those services.

And so we're extremely excited about that.

We estimate that there will be somewhere between 500 to 1000 individuals served initially, but we figure as we go along, make individuals aware of that and providers that that will list will grow.

And so I wanted to highlight that that's why I wanted to highlight something that was added into the KanCare consensus caseloads that is titled the Psychiatric Collaborative care model.

And so you'll see this sometimes reference to CoCM that's the shorthand of it.

We received a grant from our substance abuse and mental Health Services administration federal partner to implement what is called the Psychiatric collaborative care model.

And so right now we're working with five federally qualified health centers, rural health centers and FQHC look alike to implement this across the state.

That's a 5 year grant that we have about a \$10 million total and at the end of that grant, the expectation is that you work through the necessary systems through your Medicaid policy to get these services covered.

And so I'm very excited.

We've gotten there in year 1 1/2, almost two, and so we're working on that in both of

those services will be active.

The plan is to have those active January 1 of 2025, so I wanted to highlight those because those will be some changes.

Those are things that we were able to get through the consensus caseload process and we are extremely excited about it.

Umm how am I doing on time?

Good.

OK, great.

I will.

So we have in here the non can care consensus caseloads.

I just wanted to highlight one the care assessment rate increase.

And so over the past year or so, we have been able to increase.

Initially, we increased all of our AAA's for their care assessments to \$188.00 per assessment.

From that they had a recommendation further from K4AD to bring that to \$300.00, and I'm happy to say that we were able to do that and so it's exciting to see that we're able to get those services out there.

We had heard obviously, as many of you are aware, workforce shortages, travel time, some of these things that they were covering and their admin that they needed.

And so I wanted to highlight that and that we were able to actually include that also and our non KanCare care consensus caseload.

I think.

Uh.

I also just wanted to highlight, I guess the last thing that I'll highlight here is the lottery vending machine money.

And I know Leigh hit on this and I and I think it's just super important to mention here that we have really started to see an increase in the crisis services money that we have in our behavioral health budget.

We have been able to do that in tandem while getting our temporary regulations for crisis intervention centers approved and working on the final regulations.

I believe that will be hopefully posted here in the next month and so I suspect and forecast that that need for crisis services dollars will do nothing but go up and again the entire point of our CIC's shorthand there for a crisis intervention centers or crisis stabilization units is to hopefully temporarily be able to help individuals get them the medication and the care that they need to stay in the communities rather than have

them on a path headed to a state hospital or another state institutional alternative away from their communities.

We want to keep them where they can live, work and play and hopefully minimize the disruption into their life.

And so we're excited about that.

I believe that raised a million total.

That'll be 750,000 for crisis services specifically, and then 250,000 for our clubhouse model, the clubhouse model and our clubhouses across the state are extremely excited about that.

They are doing really, really good work to be able to provide supports and services for individuals and their communities.

I'm sure I missed something and I'm happy to take any questions at the end or when it is appropriate, but those are the things that we wanted to point out from behavioral health services.

And I just want to say thank you, no matter if you represent community mental health centers, clubhouses, crisis services, SUD services.

Thank you to all of the provider associations and all their providers.

You're making our work really easy, so thank you.

Good morning everyone.

My name is Michele Heydon.

I'm the LTSS long term services and supports Commissioner for KDADS.

It's been a very exciting legislative session for long term services and supports and we're looking forward to a number of things we're going to be doing in FY25.

So I think Leigh already mentioned that we the Senate Bill 15, we have \$5,000,000 to help with 14C transition plans and some employment incentives.

We're going to be working with a work group of providers from Interhab to develop those plans so that grants can be given to the providers to work on the transition from the 14C status.

And we're very excited about that.

CDDO's State aid will be increased by \$1,000,000.

CDDO admin will be increased \$500,000 from the state and then \$887,000 all funds.

The most exciting thing that we're looking forward to is our wait list offer rounds.

My team is already working on that very diligently.

We will have 500 for PD waiver, 500 for the IDD waiver. In order to hit those

numbers based on our response rate in the past, we'll be sending out 800 offer rounds for the IDD waiver and 1200 for the PD waiver.

So if you know anyone that's waiting and is in that range, please make sure that they they start looking for letters.

Those letters will start going out the week of June 10th.

This will give people the opportunity to get a current assessment, which is required for the waivers and also update and get their Medicaid applications in order.

This will be a pretty big lift for everybody.

We have talked to the MCO's about that to be ready for the influx or assessing entities.

Know that there's going to be a big influx and we have hired temporary staff to help us get these letters out and track it and make sure we get people ready to become waiver members.

Umm, we also have the cap on the waiting list which came out 4800 for the IDD waiver in 2000 for the PD waiver. We'll be working on an internal process to make sure that when we hit a certain point that we request a supplemental funds will be working with our fisc department to come up with a system for that.

So we can keep those waiting for services no higher than those limits.

We're very happy to announce that we got supported employment rate to go up to \$40.00 an hour.

So we're excited that that will bring more, umm, incentive for providers to provide that service.

So we'll be working with some of our providers on developing those services for PCC Level 3 for the FE waiver that will go to \$30.00 an hour.

Rates across all waivers will rise, including for specialized medical care, which will now go to \$50.00 an hour. That's nursing services, which we have on our TA waiver, and our IDD waiver.

So we're very excited about that.

We will be, Envision will be getting a \$600,000 boost from KDADS from state general funds, and we're going to also be giving an additional \$50,000 to self advocacy coalition of Kansas on top of what we have in the past.

So we're excited about that.

They've been requesting an increase, so we're pleased to be able to give them that increase at this time.

The Community support waiver we are we have contracted with public Consulting Group and we meet with them regularly.

We will be doing public input from our stakeholders on that for the Community support waiver in the next few months.

There's a lot going on there.

We're going to be looking at the services that people want.

We have a list of services that we have put out.

There may be some changes with that.

There is a \$20,000 cap per person for this waiver to use.

Within this, the scope of their budget, but we also plan to have budget authority where a person can take that money and decide how they're going to spend it and to support themselves in the Community.

That gets a lot more flexibility for folks and how they can actually decide on what supports are going to work best for them.

So we're very, very excited about the Community support waiver.

We hope to have a timeline out very soon about when it can be implemented.

There are a lot of moving factors that we don't have control over.

CMS will require at least six months to review it.

Once we have it put together, but we are working hard with, umm, with PCG to get that put into place, we will have at least a web page of not a website about the Community support waiver.

So we can keep regular updates for folks they're working on that now with our, with our team.

So those are these are very exciting things that we've been working on.

We were also given budget money to hire a separate technology assisted waiver program manager will be putting that job description out. Right now it's paired with another a program manager, the SED waiver.

Both of these waivers are growing substantially and it we really need to have a little more focus where there's just one program manager for each of these waivers.

So we're very happy to be able to advertise for that very here real soon.

Umm, we have no end of projects that we are working on with our FMAP funds.

Trying to come into compliance with final rule, we really appreciate everybody's support in this.

It is a process, but we continue to work with our Community partners to get to that.

Umm to get to what we need to get to in order to have a final rule compliance.

At this time, Andy is going to cover for Dave Anderson, who is our aging Commissioner.

And I can answer questions when we're all done.

Thank you.

Hello everyone.

I'm Andy Brown and the deputy secretary for programs at KDADS.

And as Michele stated, I'm filling in for David Anderson, who's our Commissioner for our new Commission on Aging.

Umm, we wanted this year for anybody that missed our sort of our priorities session earlier this year, we're really looking to try to expand our role around aging and defining better what those services are going to look like around the state.

Umm, some of the things that we're gonna be working on during the interim are really going to be looking at helping plan for a statewide conference on aging next year.

We're going to be working on putting that state plan together.

Which is going to be due later this year.

And then we're also looking to sort of revise the Advisory Council on Aging.

There were two budget items that were significant that I wanted to talk about that came about during the session. The first one is a \$5 million add to our budget.

That's for core funding to the AAA's.

AAA's traditionally been funded largely through the Senior Care Act or the older Americans Act.

And this is new SGF funding which will help them cover operational costs that are sometimes difficult to allocate to those particular grants.

We also are adding \$600,000 for some respite care for Alzheimer's and this kind of builds on what we started last year by adding an Alzheimer's staff member to the KDADS staff and to begin looking at Alzheimer's programming along with the Alzheimer's Association.

And so this is really sort of an opportunity for us to begin to develop some programs underneath that role.

And then the other two items that we had were related to rate increases for pace and nursing facility Medicaid add ons.

Both of those are caseload items and are part of that bundled amount down at the bottom there on the sheet.

But those are important.

Obviously we're trying to make sure that the services that we're providing to a growing population of retirees around the state are there and they're able to support a workforce and also a quality of care that we want to see provided around the state. That's short but sweet, so I'm going to go ahead and turn it over now to Lacey.

Good morning everyone.

My name is Lacey Hunter.

I'm the Commissioner of Survey certification and credentialing for KDADS.

Umm, I'm gonna start with the CCR Senate Bill 287.

So there is a little piece in there that my Commission will work on and work with our facilities that we oversee.

So when we're talking about facilities we oversee and this bill we're talking about adult care homes in particular, but what that bill discusses is no patient left alone and it discusses patient visitation rights.

And in particular, in end of life situations.

So we do have some regulatory and survey process that covers part of this, but we will be revising and reviewing that to ensure that our survey process covers all of what this bill has now intended to for it.

Umm, the next piece that I think we did a pretty good job of going over, so I won't stand on it too long, but is the standardizing of the fingerprint checking. A couple of things that it did was there was a \$19.00 fee that was in there and it changed that language to reasonable fee.

As many as you, many of you may know, everything it seems like, the price is going up, including what the KBI is charging for background checks.

So and we want to be able to make sure that what we are able to charge and what we're doing there stays up with that.

So the other thing it does is it changes some language from may to shall.

And the other thing and what that allows is for ability to do either a fingerprint or a name based check.

Umm, the next one we had was House Bill 2745 and that allows for military, active military and military spouses to not have fees for licensing, in particular for us that is in health occupational credentialing.

So for example, if a CNA wanted to register in Kansas and they are active military or their spouses active military, there is no registration fee for that.

There's also a bill that was passed last year that expedites that license.

So and then the last one I saved because this one has a lot in it, but it is a lot that deals with my Commission.

So that is House Bill 2784.

The first part of that is the prohibition of the state fire Marshall to wear body cameras.

As many of you may know, we contract the fire Marshall's office directly to do part of our survey work.

They provide the life safety code and emergency preparedness portion of a CMS certified survey in a nursing facility.

They also provide construction, renovation and oversight of that portion for all adult care homes.

If you look in adult care home license it has secretary Howard's signature on it as well as the state fire Marshall for those licenses.

So that is how that bill impacts our work in our agency.

The other thing that this bill does is it transfers the authority of certifying continuing care retirement communities to our agency from the Kansas Insurance Department.

The secretary mentioned earlier about, it's humbling when people are they feel that you're able to do some stuff, and I think my Commission was actually named in the Attorney General's recommendation by Commission I was recommended to oversee this one so it is something that we are going to be taking on.

It is something that we're going to be putting within our enforcement division.

I have a director of enforcement who does all of the adult care home enforcement.

So we did get an FTE in that FTE is going to be housed under her.

The third thing this bill does is it gives Secretary Howard the ability to waive authority for people we license under 39-2001, which would be our private psych hospitals residential care facilities, Psychiatric residential treatment facilities, Community mental health centers. I think that that's all of them.

And then the other thing that we get out of this bill is the expanding of certified community by behavioral health Clinics, CCBHC. I just want to say that.

So that will allow for other providers to come on later on.

I forgot to mention the other part about our licensed providers under 2001.

Is it added a definition for day service provider that is something that I worked with our goodwill industry to get to go so that they're able to provide services for an array of Kansas and it is something that we I think we did and we worked really well to do

and I think it'll help other providers who do day services to have a broader range of services for communities.

Uh, alright, now we're gonna move into the budget.

That's where most of my homework comes from.

The first one we have is the oversight of supplemental nursing services.

Umm, we are going to be doing that within our health occupational credentialing Commission.

We have a little bit of a leg in within that division.

So within that that division of my Commission, we do the criminal record checks for adult care homes, which means that there are some staffing agencies that have your usernames and passwords with my staff to get requests for their staff so that that criminal record check is completed prior to them entering the adult care home.

So we do have a little bit of some knowledge there, but that is the staff that's going to be overseeing that portion of the budget that we were tasked with overseeing.

The next thing that the budget tasked my Commission with doing is overseeing the discharge of residents who live in what we would call a state licensed only adult care home.

This is something that we will be doing within the Abuse, neglect and exploitation Hotline portion of my Commission. We oversee a hotline that all adult care homes or any healthcare facility, if there is an allegation of abuse, neglect or exploitation they call into my hotline.

So that is where that work will be housed, and we have already hired the employee who is going to be doing this work.

We have hired a licensed practical nurse.

She will be taking all of this information for all the homes.

We will also have someone that we're going to be working with, too thin, do data on the back end if it's some of the reporting requirements that are also put into this bill.

Umm, the other thing that I wanna talk about that was put in the budget is the secretaries ability to waive staffing requirements.

That was something that I wanted to ensure was in there and that we are thankful to have in there with the announcement of the final staffing rule for adult care homes.

So what this means is it allows for Secretary Howard to waive staffing the same way the federal government or Centers for Medicare and Medicaid Services would allow for things like a registered nurse.

That is important because as many of you know, they have just put it in place

mandated staffing rules and hours.

So the ability to waive that and have that for both the state license and their federal certification so the facility can operate without fear of having retribution was a really big one for me.

I think that is all of mine, so I'm gonna pass it over to Scott Brunner to cover the state hospitals.

Good morning.

My name is Scott Brunner.

I'm the deputy secretary for hospitals and facilities and I've got 30 minutes to talk about state hospitals until the question answer period.

I won't take 30 minutes, but thanks for that.

My jobs primarily working with the state hospitals and Lacey's Commission and implementing the work that we do there and I just had a couple of items. Leigh did a really good job describing the issue around contract staffing and our vacancy rates at hospitals and the legislative interest in that over our normal budget hearings and then four additional days of discussion.

I think that ended in in a fairly good place if you count adding an additional interim committee as a good place.

The budget provides that lets us do some targeted work on bonuses and for recruiting and retention is something we've been asking for.

And think that's a vehicle that if we use it appropriately around the state hospital system, we can use that to recruit nurses, encourage our staff to encourage their friends, families and others to come work at state hospitals.

And then as we get more state staff hired, we can reduce our reliance on contract staffing.

So that's a really good thing.

They'll certainly be complexity around it.

How it impacts other agencies as well, but we're looking forward to the possibility there.

From the budget sheet, a couple of items that they didn't get mentioned in that were including the governor's budget, were funding for rehabilitation repair projects, the state hospitals, there's \$5.6 million that was added to our 25 budget request that lets us cover all of our priority projects that we identified in the in the capital budget planning process.

That's a lot of words.

What it means ultimately, is that at our at our four state hospitals will be able to really invest in the infrastructure, the electrical system at Osawatomie, the plumbing and sewer system at here at KNII in Topeka, a lot of the other kinds of infrastructure around heating and cooling at Larned that really makes those campuses more sustainable and more energy efficient and really looking towards the long term to to have those be very sustainable campuses.

There's also some additional funding for razing buildings, so we've got some buildings that are unused on all the campuses and the money identified there that the governor included in the budget lets us take all of those projects at once or group them together as we can find efficiencies and clear out some of those spaces that we've that we've identified as needing to be razed.

The last item, and not least at all, is the legislature and governor approved an additional \$26.5 million for our building project for the South Central Kansas Regional Psychiatric Hospital.

This is an effort that we've had in the budget process for the last couple of years to build a new regional state psychiatric hospital in Sedgwick County to serve adults in mental health crisis and the forensic population, so criminal defendants that need a competency evaluation and restoration work, that money's been in the budget.

The project's been approved through the budget cycle, and we're about halfway through the design process, but one of the questions that that came up in that design process working with legislature, working with the advisory panel that the governor appointed was a lot of interest in building, expanding the size of the footprint of that project. When we originally proposed in the budget process, we were asking for a 50 Bed hospital. As the legislature and others looked at that project, they identified that the need was larger than that and closer to 100 beds would be workable.

We built designs that had some modular elements to it so we could build 50 and then build another 50, but the interest was still in saying if we're going to be committed that as the project in direction, let's go ask for the money that we need to build the full design.

So that 26 and a half million lets us complete the design at 104 beds altogether. And then as we start construction, working with Sedgwick County in the fall, we're going to build up a full 104 bed design and that's what we'll open in January of 2027. So that's a that's a huge effort.

It's taking a lot of buy in and commitment from folks in Sedgwick County from Wichita from surrounding communities, law enforcement, healthcare providers, just a lot of support found that the project and getting to build at that scale is going to have a just a monumental impact on our ability to reduce wait times and serve people across the state in a in a more efficient way.

So my thanks, and Drew made a good point of thanking peoples in investment in the the projects and things that we've identified, and just all the people that have spoken up on behalf of the need for that very high level acute inpatient care.

That's a part of the system that's that's needed to has its place.

Investing the amount of money that we're investing in a building that the state's going to operate for those services down the road is a big commitment to the state of Kansas, to the, to the individual communities that'll be served and ultimately the people that we're going to serve in that facility as well.

I'm glad to be part of the same discussion with the expansion of CCBHC's, of crisis services, we're at the acute end of that, but it's good to fund and show the commitment to the whole continuum of care across service lines and across the state.

So I'm happy to answer more questions about that at the appropriate time, but I think that's the update that I had for the for the day.

So I'm not quite done.

Yeah, go back a little bit.

So there was a total of \$5.8 million added in the budget process for behavior health training programs.

The legislature identified that funding for those training programs, primarily through the Center of Excellence that the Community Mental Health Center Association and other partners have identified as a locus for training workforce pipeline, scholarships, number of different activities to try to build the workforce pipeline for behavior health care.

Again, across the continuum of care across the continuum of license types and unlicensed type of services.

And then there's also some other funding identified \$2.4 million for retention programs for staff that work in those settings.

Again, it really good.

Thank you, secretary, for highlighting that as we build out capacity, not just in, in the facilities that we're responsible for at state hospitals, but the mental health centers

and the work they're being asked to do, crisis intervention, crisis stabilization, private hospitals, private psychiatric providers and mental health providers, we need to build the workforce.

And that includes people that do direct care, psychiatrists and psychologists, social workers.

As others have mentioned, and that effort to really fund the whole continuum of care continuum of training as a huge part of that effort to build up the workforce that we have.

So we can meet those future needs.

And with that turn it over to the Secretary to facilitate our question and answer period.

Very good.

Thank you.

It's a lot, isn't it?

Wow. Whoo.

So I wanted to just thank you for your patience attention through all of that, did you have - Leigh has a microphone for those in the room. We're going to take time now if folks have questions and I'll just kind of try to facilitate who I think would be the best person to answer each question.

Well, also I think we can also we may also have questions from folks who are virtual as well.

But so any questions that folks have raised your hand and Leigh will bring the the microphone over?

Linda MowBray, Kansas Healthcare Association, Kansas Center for assisted living in total, how many FTE did the legislature fund and how many did they not fund? Do you have those numbers?

I think I mean KDADS received nine additional FTE positions within our budget and I think those are in kind of the third column on this sheet.

There were a handful of others that we had requested that we didn't get funding for, but we did get funding again for those for those nine, which included umm, you know, funding for some of the transferred programs like the CCRC and you don't see it on here like with the mental health intervention teams program transferring.

But we'll be able to use a portion of that funding for staffing needs as well.

Nick Wood from Interhab questions, I have 2 questions.

The, I'm sorry, the CDDO at administration increase Secretary says that the legislature appropriated \$500,000 in SGF and then all funds amount is \$887,000.

And we're just wondering, we thought that that's a 50-50 federal match on those funds.

So maybe Brad can help.

I will let Brad answer this, our finance Bureau.

You're correct, it's 50-50 for the individuals or Medicaid, but it's a cost allocation.

So we have to take into account the non Medicaid folks at the CDDO serve and it's a ends up being a blended rate.

So for the Medicaid folks, it is 50-50 for the non Medicaid folks, it's 100% state funded.

OK.

That makes sense.

Thank you.

I had one related question.

The are sort of related the personal care rate.

There's funding and for several of the waivers.

Uh, just wondering what the if, if they're all brought up to the same rate now or and what that is, what's the IDD, personal care rate is my real question.

I don't have the rates themselves right in front of me, I know we have those going through Medicaid policy and then once Medicaid policy approves, which should be here pretty quickly, they'll publish those rates through the Medicaid process.

But yeah, OK, that's what I thought. Yep.

Seems like on seems like on those rates we just kind of chase it, right?

I mean, I remember a couple of years ago, the governor, still me raise these things to match what was done last year for one waiver and then it just goes into an endless

cycle.

So we made a lot of progress, though I think in terms of getting more parity so.

What now?

Anything else?

Do we have any online questions, Cara?

I know I can count on certain folks to speak up when the room is quiet.

Well, you can tell I'm spit balling this one because it has nothing to do with brain injury. On the agency directed personal care rate to \$30.00 an hour - That's not the pay, right? That's to the agency.

Yes.

Do you know what it is now per chance?

What is it, \$22.00?

OK.

And so the new federal CMS guideline that 85% has to go to the person, will that be applicable to this?

Well, it will be applicable as we move forward.

Now remind me the timelines on that, that's a phased in process, right?

There's a six year timeline and I, I know just enough to know just that. Yeah, a lot of conversations we're all going to have together in terms of how we can implement those. What we have to execute in order to do that? But clearly I mean that will have a huge impact at the point in time that that actually is executed in terms of the money that actually goes into the pockets of the workers.

And so my same question on the nursing rate for TA, what was that?

I know it's 50 now.

I bet Kathy Keck might know, \$48.

So another \$2.00.

OK, got it.

I kind of knew Kathy might know that one.

OK. That's it.

Very good.

What else?

Anything else out there?

I just wanted to say this is been amazing.

It's been very comprehensive.

Thank you so much for the handouts and thank you so much for your staff.

They're incredible.

It's been a pleasure working with this agency.

That's all I've got.

Thank you, Amy.

I'm spoiled every day.

And I think we've got a question online, but I will add, I shared these handouts via email with all of the virtual attendees today. And I will send that out to all of you as well so that you've got the digital version of them.

Annette Graham of from our virtual group has asked was the \$5 million core funding increase for the AAA's added into the annual budget and will it be ongoing?

But the question is whether or not the \$5 million is one time or ongoing the legislature this year seem to say one time about a lot of different things.

But our understanding is that the 5,000,000 in core funding is ongoing.

Kathy Keck.

Just a quick question.

I see it says on the specialized medical rate that it went up to \$50.00.

Is it really for both waivers this time?

Because I know at one point it was just one waiver, not the other.

Did both of them get?

Yeah, says both TA and IDD both waivers, very good. Getting parity there was important, so thank you again.

Sarah Hart, we are executive director of the Kansas Council on Developmental Disabilities.

I want an echo Amy's comments secretary Howard.

Thank you for your leadership and your team.

Our number one priority was addressing the IDD wait list and advocating for increasing funding.

So again, thank you also to Leigh for her leadership.

Will we see with the cap kind of going into effect and implementation and opportunity if there is a requirement for supplemental funding like later this summer where some of our organizations could be helpful in going back to the legislature to educate them on what that requirement will be? And could we work with you to make that happen?

I think certainly would be important because there was a, you know, this was kind of all done through like this proviso process, right?

And so it's a little bit of a mystery to folks and honestly I doubt that there are - I imagine that there are some members of the legislature that aren't even aware of that, so as we implement that, you know we have to come up with a tracking process. We have to come up with ways to do those estimates and I think what I would say we'll be transparent about that and I obviously it will be important for all of us to be communicating together.

What it means and what it will take to manage to that CAP and what those additional resources are, so yeah.

Anything else?

Anything from any of my staff while we're waiting for any other questions that folks just didn't get to say when they were up here that they that's kind of came to their mind right now?

I left off the last sheet.

Alright, so I'll just mention briefly and this is kind of like a downer way to end the day.

But legislation that did not make it through the process the first one listed, of course, is Medicaid expansion.

The governor led a very strong, renewed effort to get that through this year.

Unfortunately, this was not the year, but as I mentioned, everyone is up for reelection, so we will see what happens next year on that front.

A few other bills that caught my eye.

There was, this was Senator Holscher introduced 432 that prohibited advertising of sports wagering through Internet websites and electronic device applications.

So sports wagering has been around for what, like 2 years now in Kansas?

I think that this is going to be a topic that we continue to see legislative interest in.

We're working on a prevalence study, a new one, a gaming prevalence study since sports wagering has become legal in Kansas and just the expansion of gaming and how that could impact problem gaming.

So something we're definitely keeping an eye on and I expect to remain a topic that the legislature looks at.

Another big issue this year that was a budget item that did not make it through and then turned into several pieces of legislation, was funding for, I like to say housing infrastructure, it turned into just homeless shelters specifically, but cities and counties out there are struggling.

They need assistance.

They have asked for assistance.

It's, you know, this was a good educational year for the legislature.

I think that a lot of legislators, and I'm still trying to wrap my head around the issue of homelessness and how you deal with it, because there's braided funding streams and everyone has different reasons that they become in that situation.

But it is something that I don't think is going away.

You know, the Supreme Court is, heard a case on it recently.

We'll have a decision before the next legislative session and I think that that's another issue that we're going to be seeing more of.

And I had mentioned dietitian, we had a bill to update the licensing statute based on national changes and talked to the association and I believe that they're planning

on bringing model legislation next year about well the Interstate Compact for Dietitian licensure, which we will need to update our state statute to be in line with national credentials for that.

So another topic maybe not quite as interesting as housing infrastructure or Medicaid expansion, but something that I anticipate you will see next year. Umm any other questions, do we have anything else online, Cara?

Hey, well, all right. Well, with that, I think, umm, you know, as we move into we end one cycle, we get close to starting another cycle ride.

The work never ends on the budget process and we're going to try to do.

We're going to try to get started a little bit earlier this year and so we have scheduled a stakeholder meeting on Tuesday, July 30th from 3:00 to 5:00 to if you wanted to come in person to give any input that you might have into things you would like us to consider, including in our budget submission for the next fiscal year.

Umm, we would ask that you provide those in in writing by July 15th.

And I think when Leigh sends out this, this documentation, she can provide kind of the email that you can provide that too.

But just sort of a heads up that we'll be doing that, that budget input meeting at the end of July in anticipation of the September 15th deadline to submit the next budget.

So there you go again.

I would just thank all of you.

I appreciate the kind thoughts for my team and I always feel very, very spoiled to have this team.

I do actually really do want to call Leigh out specifically.

She's done a great job in this legislative session, as always.

I don't know how she has enough hours in the day to coordinate with what seems like all of the all of the 165 legislators, all of you and with us, and to keep everyone so well informed and to find ways to move things when you maybe think the time has passed and suddenly there's another opportunity that's been identified.

So thank you, Leigh for all your work.

And again, let's just close by giving yourselves a big round of applause, because I think everything that you heard today, this was about the collective work of so many people and thank you so much.

