

**Report of the
Robert G. (Bob) Bethell Joint Committee on
Home and Community Based Services and
KanCare Oversight
to the
2022 Kansas Legislature**

CHAIRPERSON: Senator Richard Hilderbrand

VICE-CHAIRPERSON: Representative Brenda Landwehr

OTHER MEMBERS: Senators Renee Erickson, Beverly Gossage, Pat Pettey, and Mark Steffen; and Representatives Barbara Ballard, Will Carpenter, Susan Concannon, Megan Lynn, and Susan Ruiz

CHARGE

Oversee Long-term Care Services and KanCare

KSA 2020 Supp. 39-7,160 directs the Committee to oversee long-term care services, including home and community based services (HCBS). The Committee is to oversee the savings resulting from the transfer of individuals from state or private institutions to HCBS, and to ensure that any proceeds resulting from the successful transfer be applied to the system for the provision of services for long-term care. Further, the Committee is to oversee the Children's Health Insurance Program (CHIP), the Program for All-Inclusive Care for the Elderly (PACE), and the state Medicaid program (KanCare), and monitor and study the implementation and operations of these programs including, but not limited to, access to and quality of services provided and any financial information and budgetary issues.

Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight

ANNUAL REPORT

Conclusions and Recommendations

The Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight recommends:

- The Kansas Department of Health and Environment (KDHE) submit a State Plan Amendment to the federal Centers for Medicare and Medicaid Services (CMS) to add 90846 as a billable Medicaid code that would allow billing for psychotherapy without the patient present, and that KDHE produce a cost estimate for the new code;
- The Legislature approve applying to extend postpartum coverage to 12 months for new mothers enrolled in KanCare and direct KDHE to provide data on the number of women who have used the first 2 months of postpartum services and could benefit from 12-month coverage;
- The State Medicaid Director review and report on raising Medicaid reimbursement rates as percentages of Medicare for various codes, in particular, those for emergency medical services, pediatric primary care, and certified nurse midwife services, and submit the report, including cost estimates and historical comparisons, to the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight, the Senate Committee on Public Health and Welfare, the House Committee on Health and Human Services, and the social service budget subcommittees of the Senate Committee on Ways and Means and the House Committee on Appropriations;
- KDHE look into and produce a cost estimate on CMS approval for paying family caregivers if they meet the requirements of any other care providers within industry-standard guardrails and authorizing family caregivers with pending background checks to be paid;
- The Legislative Coordinating Council (LCC) establish a committee to study the Intellectual and Developmental Disability (I/DD) waiver waitlist and long-term needs of the I/DD community, similar in structure to the 2021 Special Committee on Kansas Mental Health Modernization and Reform;
- The Legislature look into raising the Specialized Medical Care (T1000) service code rates for both the Technology Assisted and I/DD waivers to \$47.00/hour and use federal 2021 American Rescue Plan Act funds, if available, prior to State General Fund moneys;
- The LCC establish a working group to study shortages and credentialing of personal care attendants and look into criteria and training;

- Appropriate legislative committees that deal with perinatal behavioral health monitor current funding sources for the Kansas Connecting Communities initiative;
- The Legislature amend statute to provide refunds to skilled nursing facilities for the reduction in the number of licensed beds upon decertification; and
- The Kansas Department for Aging and Disability Services look into amending certified medication aide curriculum to allow certified medication aides to assist residents in self-administration of insulin injections.

Proposed Legislation: One bill. The Committee requests a bill be drafted to codify in statute the flexibility of the temporary aide certification that was given emergency authorization by Executive Order 20-23.

BACKGROUND

The Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services (HCBS) and KanCare Oversight (Committee) operates pursuant to KSA 39-7,159, *et seq.* The previous Joint Committee on HCBS Oversight was created by the 2008 Legislature in House Sub. for SB 365. In HB 2025, the 2013 Legislature renamed and expanded the scope of the Joint Committee on HCBS Oversight to add the oversight of KanCare (the State’s Medicaid managed care program). The Committee oversees long-term care (LTC) services, including HCBS, which are to be provided through a comprehensive and coordinated system throughout the state. The system, in part, is designed to emphasize a delivery concept of self-direction, individual choice, services in home and community settings, and privacy. The Committee also oversees the Children’s Health Insurance Program (CHIP), the Program for All-Inclusive Care for the Elderly (PACE), and the state Medicaid programs.

The Committee is composed of 11 members: 6 from the House of Representatives and 5 from the Senate. Members are appointed for terms that coincide with their elected or appointed legislative terms. The Committee is statutorily required to meet at least once in January and once in April when the Legislature is in regular session and at least once for two consecutive days during both the third and fourth quarters, at the call of the chairperson. The Committee is not to exceed six total meetings in a calendar year; however, additional meetings may be held at the call of the chairperson when urgent circumstances require

such meetings. In its oversight role, the Committee is to oversee the savings resulting from the transfer of individuals from state or private institutions to HCBS and to ensure proceeds resulting from the successful transfer be applied to the system for the provision of services for LTC and HCBS, as well as to review and study other components of the State’s LTC system. Additionally, the Committee is to monitor and study the implementation and operations of the HCBS programs, CHIP, PACE, and the state Medicaid programs, including, but not limited to, access to and quality of services provided and financial information and budgetary issues.

As required by statute, at the beginning of each regular session, the Committee is to submit a written report to the President of the Senate, the Speaker of the House of Representatives, the House Committee on Health and Human Services, and the Senate Committee on Public Health and Welfare. The report is to include the number of individuals transferred from state or private institutions to HCBS, as certified by the Secretary for Aging and Disability Services, and the current balance in the HCBS Savings Fund. [*Note:* See Appendix A for the 2021 report.]

The report also is to include information on the KanCare Program regarding:

- Quality of care and health outcomes of individuals receiving state Medicaid services under KanCare, as compared to outcomes from the provision of state Medicaid services prior to January 1, 2013;

- Integration and coordination of health care procedures for individuals receiving state Medicaid services under KanCare;
- Availability of information to the public about the provision of state Medicaid services under KanCare, including access to health services, expenditures for health services, extent of consumer satisfaction with health services provided, and grievance procedures, including quantitative case data and summaries of case resolution by the KanCare Ombudsman;
- Provisions for community outreach and efforts to promote public understanding of KanCare;
- Comparison of caseload information for individuals receiving state Medicaid services prior to January 1, 2013, to the caseload information for individuals receiving state Medicaid services under KanCare after January 1, 2013;
- Comparison of the actual Medicaid costs expended in providing state Medicaid services under KanCare after January 1, 2013, to the actual costs expended under the provision of state Medicaid services prior to January 1, 2013, including the manner in which such cost expenditures are calculated;
- Comparison of the estimated costs expended in a managed care system providing state Medicaid services before January 1, 2013, to the actual costs expended under KanCare after January 1, 2013; and
- All written testimony provided to the Committee regarding the impact of the provision of state Medicaid services under KanCare upon residents of adult care homes.

All written testimony provided to the Committee is available through Legislative Administrative Services.

In developing the Committee report, the Committee is also required to consider the external quality review reports and quality assessment and performance improvement program plans of each managed care organization (MCO) providing state Medicaid services under KanCare.

The Committee report must be published on the official website of the Kansas Legislative Research Department (KLRD). Additionally, the Kansas Department for Aging and Disability Services (KDADS), in consultation with the Kansas Department of Health and Environment (KDHE), is required to submit an annual report on the LTC system to the Governor and the Legislature during the first week of each regular session.

COMMITTEE ACTIVITIES

The Committee met twice during the 2021 Session (February 19 and April 22) and twice during the 2021 Interim (September 22-23 and December 13-14). In accordance with its statutory charge, the Committee's work focused on the specific topics described in the following sections.

KDHE KanCare Overview and Update

At the February 19, 2021, meeting, the Secretary of Health and Environment reviewed the latest updates on the COVID-19 pandemic. He said the lack of personal protective equipment (PPE) materials, the short supply of contact tracers, and difficulties in conducting COVID-19 testing contributed to a public health crisis. He reported the State was receiving its allotments of vaccines and that COVID-19 cases and COVID-19 deaths per capita were dropping in the state. He reported testing results were improving.

The Secretary said between 10.0 and 11.0 percent of the state's population had received at least one COVID-19 vaccination shot. Smaller pharmacies in towns throughout the state were working with KDHE and local county health departments to distribute vaccines.

In response to questions at the February 19, 2021, meeting, the Secretary stated KDHE had received some unused vaccine doses back from nursing facilities, and other doses must be held back to ensure availability for second doses. He said COVID-19 tests were being sent to Texas earlier on in the pandemic until Kansas testing centers were prepared to receive tests.

At the April 22, 2021, meeting, the Secretary of Health and Environment updated the Committee on COVID-19 vaccination progress in the state. About half the state's counties had paused requests for vaccine distribution because they had sufficient supplies available. About 1.88 million doses of COVID-19 vaccine had been administered in Kansas at the time of the meeting. About 90.0 percent of hospital staff had been vaccinated. He reported the State supported pausing Johnson & Johnson vaccine distribution since it had plenty of Moderna and Pfizer vaccination doses. He stated KDHE has no interest in "vaccine passports," although businesses may determine their own policies. He stated 99.8 percent of the vaccines distributed by KDHE were used, with 0.2 percent lost through breakage or other waste.

In response to a question on the audit of capitation payments made to deceased KanCare beneficiaries, a KDHE representative noted the beneficiaries were in a fee-for-service model and switched to managed care. In a fee-for-service system, when a beneficiary dies, no claims come through, and the date of death is registered in the eligibility system. When the Kansas Eligibility and Enforcement System began, the date of death was not registered in the system, resulting in continued monthly capitation payments made to MCOs for deceased beneficiaries. The KDHE representative said the data issued had been corrected, and 90.0 percent of the incorrect payments identified had been recouped.

At the September 22-23, 2021, meeting, the Secretary of Health and Environment provided an overview of the COVID-19 pandemic in Kansas. He said most Kansas counties remained in the extremely high-risk category for unvaccinated persons, based on positive COVID-19 case counts and test positivity rates. He stated the COVID-19 delta variant was well-entrenched in the state, and many hospitals were "full of" patients with

COVID-19. The Secretary responded to a question from a Committee member about school quarantine policy that provides if a child is fully vaccinated and exposed to the virus, the child does not have to quarantine because the vaccination is extremely effective at preventing serious disease.

At the December 13-14, 2021, meeting, the Acting Secretary of Health and Environment introduced herself. She said she had been in the Acting Secretary position for five days and shared some of her professional background.

A KDHE representative reviewed Medicaid rate setting at the December 13-14, 2021, meeting. She said there was no statutory standard for setting Medicaid rates in Kansas law and, as a result, some rates had not changed in decades. She also said the federal public health emergency declaration had been extended to January 16, 2022.

KanCare Clearinghouse

At the February 19, 2021, meeting, a KDHE representative said family applications for Medicaid are processed by a new state contractor, Conduent. The representative said the four-month transition to Conduent from Maximus was smooth and there was no interruption of service. She said applications for elderly people and persons with disabilities have been processed in house since 2019. Clearinghouse staff are located in three facilities in Topeka.

At the April 22, 2021, meeting, a KDHE representative responded to a question about the difference in success between the current Clearinghouse contract and previous experiences. She responded the current contract was structured to have a specific service level agreement to address performance. She said the agency was more involved in the day-to-day operations of the Clearinghouse than it had been.

At the December 13-14, 2021, meeting, a KDHE representative stated Clearinghouse staffing was at 72.0 percent capacity. She said eligibility staff had begun planning for the eventual end of the federal public health emergency and the return to normal operations.

Section 1115 Waiver Budget Neutrality

At the February 19, 2021, meeting, a KDHE representative provided an overview of the federal Section 1115 waiver. Provisions in Section 1115 of the Social Security Act authorize a demonstration or pilot project and waive certain Medicaid requirements, and the Section 1115 waiver allows the State to demonstrate the effectiveness of its new Medicaid initiatives. The State is required to meet special terms and conditions that specify its obligations to the federal Centers for Medicare and Medicaid Services (CMS) in exchange for the Section 1115 waiver flexibilities. The representative explained that “budget neutrality” is the requirement that Section 1115 waiver programs cannot cost more federal dollars than services without the waiver.

She reported the estimated budget neutrality cushion cap was calculated by CMS beginning January 1, 2019, at about \$1.0 billion. This is the amount Kansas would spend on Medicaid without the Section 1115 waiver. She said CMS calculated that Kansas could be \$568.0 million below the budget neutrality cap at the end of the five-year Section 1115 waiver term. If the State appeared to exceed the budget neutrality cap, CMS could put Kansas on a corrective action plan and compel the State to return excess funds to CMS. She said any change to reimbursement rates would affect the State’s budget neutrality. She noted Medicaid expansion would not affect the current budget neutrality amount because the expansion program would have its own separate budget neutrality cap.

KanCare 3.0

At the February 19, 2021, meeting, a KDHE representative stated the current five-year plan for Section 1115 waiver budget neutrality extends through 2023 and that the agency was beginning to work on plans for the next Section 1115 waiver.

The Secretary of Health and Environment said KDHE would like to collaborate with the Committee on Kancare 3.0 discussions in 2022.

MCO procurement. At the September 22-23, 2021, meeting, a KDHE representative said the agency is working on the procurement process for Medicaid MCO contracts in 2022. She expected

the procurement request for proposal to be issued by summer 2022.

Health Care Access Improvement Program

At the February 19, 2021, meeting, a KDHE representative said that due to the 2020 increase in the provider assessment under the Health Care Access Improvement Program (HCAIP), KDHE submitted to CMS a technical amendment to the Section 1115 waiver asking to adjust the State’s budget neutrality cap to accommodate the HCAIP changes, but CMS did not approve the amendment. She said the agency discovered CMS made an error in calculating the State’s budget neutrality cap, understating the cap by approximately \$395.0 million. On September 30, 2020, KDHE submitted a technical correction proposal to CMS to correct the error.

At the April 22, 2021, meeting, a KDHE representative provided an update on the CMS budget neutrality error. She said CMS notified KDHE that the request for a technical correction was approved. The correction did not adjust the current caps but added a budget neutrality cushion of about \$395.0 million over the life of the Section 1115 waiver. She said CMS did not approve a technical amendment to adjust the budget neutrality cap to accommodate an increased HCAIP provider assessment, but that KDHE continues to advocate for CMS to reconsider and approve this technical amendment. She said the way CMS applied the \$395.0 million adjustment is insufficient to fund the HCAIP as previously proposed.

OneCare Kansas

A KDHE representative stated at the February 19, 2021, meeting that OneCare Kansas launched April 2020 and is a new Medicaid option to provide coordination of physical and behavioral care, offering long-term services and supports for people with chronic conditions. As of February 2021, there were 33 contracted partners, with 586 members enrolled in the asthma program and 441 members in the serious mental illness (SMI) program.

At the April 22, 2021, meeting, a KDHE representative provided a OneCare update. As of the meeting, the provider network had 33 partners

across the state and was serving 632 members enrolled in the asthma program and 533 members enrolled in the SMI program.

At the September 22-23, 2021, meeting, a KDHE representative said as of September 1, 2021, 1,084 members were enrolled in the asthma program, and 1,843 were enrolled in the SMI program.

Support and Training to Employ People Successfully Program

At the February 19, 2021, meeting, a KDHE representative reported two benefit specialists and a program manager had been hired for the Support and Training to Employ People Successfully (STEPS) pilot program, which is part of the KanCare 2.0 Section 1115 waiver. She said the agency expected the STEPS program to go live in July 2021. In response to a question at the meeting, the KDHE representative stated the STEPS pilot program was not authorized through legislation but is the behavioral health employment pilot program included in the Section 1115 waiver.

A KDHE representative said at the September 22-23, 2021, meeting that enrolled members in the STEPS program increased from the end of 2020 to June 2021, to 6.

Impact of COVID-19

At the February 19, 2021, meeting, a KDHE representative stated that because of the federal public health emergency declaration related to the COVID-19 pandemic, Kansas was continuing to receive a 6.2 percent increase in federal medical assistance percentage (FMAP) for Medicaid and a 4.34 percent increase in federal participation for CHIP. The increased matching rates will continue through the end of the quarter in which the federal public health emergency ends.

In response to a question at the February 19, 2021, meeting, a KDHE representative said the approximately \$300.0 million in enhanced Medicaid funding due to the federal public health emergency was not necessarily going back to health programs but can be used in place of State General Fund (SGF) moneys in other areas of the budget. She also stated all cost-sharing for

COVID-19 testing, treatment, and vaccines for KanCare members is being paid by KanCare. The KDHE representative also stated the agency had not seen big changes in the number of KanCare applicants during the COVID-19 pandemic, perhaps because federal law prohibits states from terminating enrollees as part of the enhanced FMAP rate.

At the April 22, 2021, meeting, a KDHE representative said the federal 2021 American Rescue Plan Act (ARPA) included 100.0 percent FMAP coverage for COVID-19 vaccines effective April 1, 2021. She said KDHE and the three MCOs were working to implement the ARPA changes without affecting Section 1115 waiver budget neutrality.

At the September 22-23, 2021, meeting, a KDHE representative said the ARPA 10.0 percent FMAP enhancement was to be used for services that directly impacted individuals, such as HCBS, PACE, and home health services. ARPA funds would not be used to increase the protected income level (PIL), because the Legislature had already increased it.

At the December 13-14, 2021, meeting, a KDHE representative outlined recent court action related to the federal COVID-19 vaccine mandates. She said the requirement for staff at CMS-regulated facilities had been blocked by a U.S. district court, and the federal Occupational Safety and Health Administration (OSHA) rule mandating COVID-19 vaccination for employees of companies with more than 100 employees had been stayed by a U.S. district court. At the time of the meeting, the U.S. Supreme Court had not heard either case.

Telehealth

At the February 19, 2021, meeting, a KDHE representative said a temporary decision was made to allow out-of-state health care providers to provide services in Kansas to help address testing and treatment for COVID-19.

Extended Postpartum Coverage

At the September 22-23, 2021, meeting, a KDHE representative said the agency is studying whether to extend postpartum Medicaid services

from 2 months to 12 months. The change would require amending the State Medicaid Plan.

KanCare Ombudsman

The KanCare Ombudsman provided updates at each of the Committee meetings on the services provided by the Office of the KanCare Ombudsman (Office).

At the February 19, 2021, meeting, the KanCare Ombudsman provided an overview of the 2020 fourth quarter report. She stated satellite offices opened during the quarter with two volunteers at each office. During the fourth quarter, the Office established a landing page for the KanCare Ombudsman webpages. She stated the Office created a new brochure for current and potential KanCare members in both English and Spanish. The Office was working on creating community resource documents for each county in the state because many calls to the KanCare Ombudsman involved people with basic needs who were not familiar with resources in their communities. In response to a question from a Committee member, the KanCare Ombudsman attributed the drop in inquiries to the Office from the first to the second quarter of 2020 to the COVID-19 pandemic. She stated the federal prohibition on terminating enrollees from KanCare during the public health emergency may have contributed to the decrease in calls at the beginning of 2020.

At the April 22, 2021, meeting, the KanCare Ombudsman testified the decreased rate of calls to the Office that began in 2020 had continued into the first quarter of 2021. She reported the KanCare Ombudsman's website now included lists of community resources by county that included information on providers for mental, physical, and dental health and other services.

The KanCare Ombudsman presented her report for the second quarter of 2021 at the September 22-23, 2021, meeting. She said a call handler assists with persons who speak Spanish at two of the three office locations. The Office plans to conduct survey and listening sessions to obtain input on the performance of the Office and suggested improvements.

At the December 13-14, 2021, meeting, the KanCare Ombudsman stated an AmeriCorps VISTA volunteer is helping the Office compile a list of KanCare application assistance resources. She said the listening sessions on Office performance continued during the fourth quarter of 2021 and went well. She also stated that during the second quarter, the Office was included in the Governor's Executive Order 21-27 establishing the Office of Public Advocates within the Department of Administration.

Medicaid Inspector General

At the February 19, 2021, meeting, the Deputy Attorney General provided a written update on the Office of the Medicaid Inspector General (OMIG). In his testimony, he said the Attorney General had announced the nomination for the position of Medicaid Inspector General in January 2021. The nominee could not begin serving as Medicaid Inspector General until confirmation by the Senate. He provided an update on the activities of the OMIG.

At the April 22, 2021, meeting, the new Medicaid Inspector General introduced himself and reported the OMIG is back to a full staff of three, and more staff may be recruited in the future as appropriations allow. He reviewed the OMIG 2020 Annual Report, noting the OMIG screened 650 fraud reports. He said there was no evidence of any fraud caused by the COVID-19 pandemic, but the OMIG would continue to monitor for potential fraud. He said the OMIG had been conducting a review of the MediKan program to determine whether Kansas had paid any benefits after the 12-month lifetime limit had been reached and that a report would be issued after an analysis of the issue.

At the September 22-23, 2021, meeting, the Medicaid Inspector General reported he had completed the required training and received certification as a certified inspector general from the Association of Inspectors General in August 2021. He said in 2021 to date, the OMIG had screened 833 cases, with 88.0 percent referred by the Kansas Department for Children and Families (DCF). The OMIG had also begun a review of Medicaid beneficiaries who received an unreported windfall from lottery and casino winnings exceeding \$10,000.

The Medicaid Inspector General reported on the OMIG's review of the MediKan program. The OMIG identified 912 MediKan beneficiaries who had 13 or more months of eligibility during the review period. The State had paid \$1.67 million in medical claims for ineligible persons. He also reported the OMIG identified \$1.31 million in monthly capitation payments made to MCOs for deceased persons. The total loss to the State from monthly payments for deceased beneficiaries was \$1.53 million.

At the December 13-14, 2021, meeting, the Medicaid Inspector General reported that in 2020, the OMIG screened a total of 650 fraud reports, with 97.0 percent submitted by DCF. He said the OMIG continued to audit the HCBS program. He said a draft of the audit would be available in January 2022. He responded to a Committee member's question that he expects the OMIG to be busier once the federal public health emergency ends.

KDADS Overview and Updates

At the April 22, 2021, meeting, the Secretary for Aging and Disability Services provided an overview of KDADS' activities. She said there had been no new cases of COVID-19 at the state hospitals and people who had been vaccinated were not getting sick, even if they contracted the virus. She said KDADS was planning to focus on understanding HCBS waiting lists better. She said it was time for the State to reconsider service delivery models. She reported KDADS continued to restore the capacity of state hospitals to eventually lift the moratorium on voluntary admissions to Osawatomie State Hospital. She reported a contract had been awarded for the implementation of Kansas Family Crisis Response Services, which was scheduled to be operational by September 1, 2021. The program would serve Kansas youth and provide crisis response and mobile crisis response services within 60 minutes of a call in emergent situations.

At the September 22-23, 2021, meeting, the Secretary for Aging and Disability Services stated the agency intended to use 70.0 percent of the ARPA FMAP enhancement funds to support direct care staff, as soon as CMS approved the plan. She said on the federal level, \$25.5 billion was added to the Provider Relief Fund and the agency was

applying for a share of those funds, which would support medical providers and others who serve Medicaid participants.

She also discussed the pre-settlement agreement with the Disability Rights Center of Kansas and others regarding the 10 nursing facilities for mental health (NFMHs) serving about 600 individuals. She said KDADS received a demand letter in 2020 citing discrimination against persons with mental health diagnoses in violation of the federal Americans with Disabilities Act. Over a period of ten months, the agency worked with the Disability Rights Center of Kansas and developed a pre-litigation settlement. The settlement included eight practice improvements determined through three outcomes, to be achieved in the next five years. No dollar amounts were part of the agreement.

At the December 13-14, 2021, meeting, the Secretary for Aging and Disability Services announced the Governor had just released information on a contract KDADS had reached with KVC Hospitals to open an acute care psychiatric hospital in Hays to meet the needs of youth in western Kansas. The 14-bed treatment center would begin accepting admissions in 2023.

Quarterly HCBS Report

KDADS provided regular written testimony on transfers to HCBS; the average monthly caseloads for private intermediate care facilities, state intellectual and developmental disability (I/DD) hospitals, and head injury facilities; the number of persons transitioned on the Money Follows the Person program; average monthly caseloads for HCBS I/DD, Physical Disability, Frail Elderly, and Brain Injury services; monthly average eligibility caseloads for nursing facilities; and the daily census for the Kansas Neurological Institute (KNI) and Parsons State Hospital and Treatment Center [*Note: See Appendix A for the 2021 report*].

Rebasing

At the February 19, 2021, meeting, a KDADS representative explained that statutes require nursing home rebasing every year based on three years of past data. Rebasing was codified in statute in 2017, overriding the rebasing methodology in

rules and regulations. The Legislature increased nursing facility rates by 1.0 percent for FY 2021, but it was subjected to allotment.

HCBS Final Settings Rule

At the April 22, 2021, meeting, a KDADS representative provided an overview of the HCBS Final Settings Rule. Initial assessments of all HCBS settings in the state had been reviewed and, as of April 13, 2021, a total of 368 of the sites had been determined to be compliant. She said Community Connections Kansas had created webinar opportunities for Final Settings Rule provider assistance. All HCBS settings are required to be in compliance with the rule by March 2022.

At the December 13-14, 2021, meeting, a KDADS representative said the agency will provide education sessions on the Final Settings Rule.

Program of All-Inclusive Care for the Elderly

At the April 22, 2021, meeting, a KDADS representative provided an update on PACE. She stated PACE worked with Ascension Living Hope, Midland Care, and Bluestem Communities for a total enrollment of 728 persons.

At the September 22-23, 2021, meeting, representatives from Kansas PACE providers testified to the Committee. The Executive Director of Ascension Living HOPE said her facility serves seniors age 55 and older in Sedgwick County. She said her PACE clients average less than one emergency room visit per year and are more likely to have advance directives. She reported they are twice as likely to die in their own homes as non-PACE clients.

The Executive Director of Bluestem PACE, Inc., said his agency serves a six-county region in central Kansas. He noted that in 2009, the Legislature provided an exemption to PACE entities from certain licensure requirements to provide home health services to PACE enrollees. In 2015, the Legislature passed a similar exemption to allow PACE entities to provide adult day services to PACE enrollees.

The President and Chief Executive Officer (CEO) of Midland Care Connection, Inc., said his agency services clients in 22 counties in northeast Kansas. He said improvement in the program includes the elimination of the enrollment cap when KanCare was implemented, elimination of the adult day care survey or inspection, and that PACE can seek a waiver to allow community physicians to be contracted providers so the program does not need an in-house physician. In response to a Committee member's question about PACE referrals, he replied his agency relies on a toll phone number.

HCBS Waiver Waiting Lists

A KDADS representative provided an update on the HCBS waiver waiting lists at every Committee meeting.

At the February 19, 2021, meeting, a KDADS representative stated the agency was working on several initiatives in the HCBS waiver programs. She said a work group had been convened to discuss I/DD Targeted Case Management to develop a common vision, values, and goals for the program. She discussed the Brain Injury (BI) waiver, saying it had previously been a rehabilitative waiver until 2018, when the Legislature expanded the eligibility criteria and the program grew. She said the projected number of individuals served in FY 2021 would exceed budget capacity unless policy changes or a waiting list were implemented. The KDADS representative stated the largest increase of eligible individuals by group was persons over 55 years of age who had experienced a stroke.

In response to a question about the growth in the BI waiver, a KDADS representative stated at the February 19, 2021, meeting that estimated cost was projected to double by SFY 2022. Committee members expressed concern that permanent damage could result if individuals on the BI waiver were placed on a waiting list for two years, and the State could see an increase in Medicaid costs for LTC and other services among this population.

At the April 22, 2021, meeting, a KDADS representative said KDADS was working on seven specific HCBS projects through 2021. She said the Autism and Severe Emotional Disturbance

waivers were up for renewal in 2022, and work would begin on this process.

A KDADS representative announced at the December 13-14, 2021, meeting that the BI waiver work group had developed key recommendations for KDADS relating to BI waiver participants and services.

Adult Care Home Receiverships

At the February 19, 2021, meeting, a KDADS representative explained the receivership statute was updated during the 2019 Legislative Session. One nursing facility remained on the market to be sold. The KDHE representative said that due to the COVID-19 pandemic, anticipated costs would be higher and the number of persons in nursing facilities would be lower.

At the April 22, 2021, meeting, a KDADS representative reported KDADS took 22 adult care homes into receivership due to insolvency or because of life-threatening or endangering conditions. One facility remained for sale.

At the September 22-23, 2021, meeting, a KDADS representative stated only one of the 22 facilities that had been in receivership remained for sale. All others had been closed or sold.

Behavioral Health

At the December 13-14, 2021, meeting a KDADS representative discussed the timeline for the certification of certified community behavioral health clinics (CCBHCs). The first clinics were scheduled to become operational as CCBHCs by May 1, 2022.

Psychiatric Residential Treatment Facilities

A KDADS representative provided an updated on psychiatric residential treatment facilities (PRTFs) at every Committee meeting.

At the February, 19, 2021, meeting, a KDADS representative noted there were 412 PRTF beds and 80 individuals on the waiting list, down from 108 in December 2020. He said KDADS issued a request for proposal for eight children's psychiatric beds in Hays. He said he anticipated KDADS awarding a contract in March 2021.

At the April 22, 2021, meeting, a KDADS representative reported there were 120 individuals on the MCO waiting list for PRTFs. Of the 120 individuals, 28 were in foster care, up from 14 in December 2020. About 100 PRTF beds were not being used due to lack of staff. In response to questions from the Committee, the KDADS representative said most PRTF beds are in urban settings. He also said KDADS does not set salaries for the PRTF workers. The PRTFs contract with the three MCOs.

At the September 22-23, 2021, meeting, a KDADS representative reported the MCO waiting list for PRTFs was 106 individuals and, of the 106, 24 individuals were in foster care. Both numbers represented decreases from the previous report's total. He said 127 of the 424 licensed PRTF beds were not in use due to staffing shortages. In response to a Committee member's question about where foster children wait to get into a PRTF, he said they usually are in a group home or therapeutic foster care.

At the December 13-14, 2021, meeting, a KDADS representative testified 146 individuals were on the current waiting list for PRTFs, an increase of 40 from the previous report. Of the 146 individuals, 41 were in foster care, an increase of 17 from the previous report.

Hospital Admission Processes

At the September 22-23, 2021, meeting, the Committee heard several presentations on hospital admission processes for behavioral health.

The president of Ascension Via Christi Hospital St. Joseph described improvements in the MCOs' behavioral health admission processes over the previous year. She described the authorization process for each MCO. She requested the MCOs institute the same level of benefits for Medicaid recipients. She described ongoing challenges, including that insurance-based care managers do not assist with finding facilities for difficult placements and send outdated resources to hospitals. She said sometimes it took three to five days for MCO authorization of transition to LTC. Per CMS requirements, a hospital cannot release a patient until there is a safe placement available, but the

representative stated the MCOs do not pay for care during that period.

The Chair of the Department of Psychiatry at the University of Kansas Medical Center told the Committee each of the three MCOs have their own unique processes and computer systems. He said those differences can complicate patient situations and increase the risk of failed reimbursement.

The Executive Director for Mental and Behavioral Health, University of Kansas Health System, discussed the business processes of the three MCOs. She said Medicaid reimbursement remains low for behavioral health and does not cover the average cost of care. She said there is some value-based contracting, but it is easy to lose that status due to reasons not in the control of the hospital. She requested more reasonable authorizations on the part of the MCOs, as the hospital is often asked to justify admission every two days, which she said was not reasonable for providers.

A UnitedHealthcare representative provided a joint response on behalf of all three MCOs. She stated all psychiatric admissions require 24-hour notice from admission. Each MCO operates its own process, but she said all agreed approvals for admissions are three to seven days or longer, depending on diagnosis. She said discharge planning begins the first day of admissions for a patient. She noted KanCare allows for 72 hours of psychiatric observation billed on a per diem basis with no pre-approval necessary. If the stay is longer than 72 hours, the entire stay is reverted to an inpatient stay and is paid based on the diagnosis-related group. She said the lack of access to electronic medical records systems can lead to administrative complications.

State Hospitals

At the February 19, 2021, meeting, a KDADS representative provided updates on state hospital workforce wage disparity. He said the wage disparity between Larned State Hospital (LSH) and Larned Correctional Facility had begun to even out due to the salary increases resulting from Executive Directive No. 19-510.

At the April 22, 2021, meeting, a KDADS representative said LSH continued to struggle to

recruit and retain staff. The vacancy rates were 51.4 percent for registered nursing positions and 19.5 percent for security staff. He said 2021 HB 2007 included a proviso to provide starting salaries for entry-level positions at LSH similar to starting salaries at the Larned Correctional Mental Health Facility.

A KDADS representative said at the September 22-23, 2021, meeting the overall staff vacancy rate at LSH as of July 2021 was 35.0 percent.

At the December 13-14, 2021, meeting, a KDADS representative discussed the Governor's plan for staff recruitment and retention at state hospitals. The pay rates will be aligned with other 24/7 facilities in Kansas. The Kansas Department of Corrections, KDADS, and the Kansas Commission on Veterans Affairs Office were included in the staff pay plan.

Osawatomie State Hospital Moratorium

A KDADS representative reported at the February 19, 2021, meeting that lifting the moratorium on voluntary admissions to Osawatomie State Hospital (OSH) would require a mix of bed capacity at OSH and increasing community-based capacity for inpatient treatment. The FY 2021 approved budget included \$2.0 million, including \$1.5 million SGF, to increase the number of licensed beds in the Adair Acute Care building by 14. The approved budget also included \$5.3 million from the State Institutions Building Fund to renovate the Biddle Building to be a CMS-certified space. He said lifting the OSH moratorium depended on when the Biddle Building project was complete.

A KDADS representative reported at the April 22, 2021, meeting that KDADS planned to develop a mix of bed capacity at OSH and increase community-based capacity for inpatient treatment through state institution alternative facilities.

A KDADS representative said at the December 13-14, 2021, meeting that eight facilities had enrolled as state institution alternative facilities, and 95 adults and 270 children had used those facilities from August through December 3, 2021.

At the December 13-14, 2021, meeting, the Secretary for Aging and Disability Services said there would be an announcement on lifting the moratorium at OSH before the end of 2021. [Note: On December 16, 2021, the Governor announced KDADS was prepared to lift the moratorium on voluntary admissions at OSH on January 3, 2022.]

LTC Facilities

Use of Antipsychotic Drugs in Nursing Facilities

At the February 19, 2021, meeting, a KDADS representative noted Kansas is ranked 37th in the nation in the use of antipsychotic drugs in nursing facilities, an improvement from 2011 when Kansas was ranked 50th in the nation.

At the September 22-23, 2021, meeting, a KDADS representative said the inappropriate use of antipsychotic drugs in nursing homes had decreased.

Impact of COVID-19 on LTC Facilities

At the February 19, 2021, meeting, a KDADS representative said COVID-19 vaccinations in LTC facilities were continuing, and KDHE would continue to offer COVID-19 testing for patients, residents, and staff at no cost through June 30, 2021.

At the April 22, 2021, meeting, a KDADS representative reported as of September 2020, all adult care homes had been surveyed for infection control. He said facilities should be able to obtain vaccines for new staff or residents either through local pharmacies or the local public health departments.

A KDADS representative presented a map of Kansas at the September 22-23, 2021, meeting, detailing the federally licensed LTC facility vaccination rates for health care personnel. Most were either below 50.0 percent or between 50.0 to 69.0 percent vaccinated.

At the September 22-23, 2021, meeting, several representatives from LTC facilities testified to the Committee on the impact of the COVID-19 pandemic.

The Chairperson of Kansas Adult Care Executives said staffing shortages have existed for a long time, and the pandemic exacerbated the situation. She said facilities turned to nurse staffing agencies to fill positions, but the agencies often charged “unreasonable” hourly rates. Some facilities waited months for staff availability. She said there is a need for a cap on the rate differences staffing agencies can charge. She also recommended reinstating the temporary nurse aide program.

The Administrator of Attica Long Term Care said she had three main concerns: the cost to run her home has dramatically increased due to the cost of supplies and wages; the COVID-19 pandemic resulted in a decreased census; and staffing shortages continued to be a challenge. She said persons who could not get a bed due to staffing shortages would end up going to a hospital for care instead.

The CEO of Brewster Place, a stand-alone, not-for-profit retirement community, testified that the public perception of nursing homes continued to be a challenge, especially in the wake of the COVID-19 pandemic. She said homes continue to struggle to find clinical staff and recommended an incentive program to retain current staff.

A representative of LeadingAge Kansas stated the federal vaccine mandate for the staff of CMS-regulated facilities has presented challenges for LTC facilities. She said the nursing home industry does not have the option to reduce hours or temporarily close. She noted without the emergency funding provided by the Legislature, Governor Kelly, and the Strengthening People and Revitalizing Kansas (SPARK) Executive Committee, many adult care homes would have ceased operations.

The Executive Director of Kansas Advocates for Better Care thanked the Legislature for the 2021 increase in the PIL and said the change would help many older and disabled adults stay in their homes and communities. She said there were continuing concerns for the health, safety, and welfare of residents in nursing homes due to under-trained staff and poor infection control. She said training for temporary aides has been minimal and on-the-job training was not advisable. She

recommended the Legislature pass 2021 HB 2004, which would create eviction appeal rights of residents in nursing facilities and assisted living facilities.

The Administrator of Sharon Lane Health and Rehabilitation said her facility was able to keep COVID-19 away for months but ultimately lost 15 residents to the disease. She said the Paycheck Protection Program revenue helped keep the facility open. She said she expected an influx of seniors in the next few years as the baby boomers age.

The Chief Operating Officer of Recover Care said none of his vaccinated residents had died from COVID-19, while two non-vaccinated residents had died. He said deliveries of food and other essential supplies had been delayed due to workforce shortages. He said burnout among staff contributed to the workforce challenges.

Discussion on Nursing Facility Staffing Agencies

At the December 13-14, 2021, meeting, the Committee heard from several conferees on nursing facility staffing agencies.

A representative of a consulting company, who previously was chairperson of the American Staffing Association, said the staffing agency model requires pay rates for agency nurses to be much higher to cover the cost of recruitment and onboarding. He said many nurses have left the profession during the COVID-19 pandemic, which exacerbated the staffing crisis. He noted staffing agencies pay professional liability insurance and workers' compensation, unemployment, and payroll taxes. He said the business operates according to supply and demand and said the country is in a labor crisis. He said more permanent fixes are needed.

A representative of Kansas Adult Care Executives testified about facilities' experience with nurse staffing agencies. Key issues include paying mileage, meals, labor rates, and hotel fees in addition to wages. She said staffing agencies often have buyout clauses that can be as high as \$10,000. She said there often are no penalties if a temporary nurse does not show up for a scheduled shift. She said without a regulatory cap on fees,

facilities pay up to 246.0 percent of the average hourly rate for a nurse. She asked the Committee to consider authorizing temporary aides, capitation, elimination of buyout clauses, and holding temporary staffing agencies accountable and to the same standards as the facilities they serve.

A representative of Recover Care reported his facilities had lost 106 full-time equivalent workers from March 2020 to March 2021. He said staffing agencies recruit nurses by offering higher wages. He stated the average pay for a certified nurse aide is \$15.00/hour, but some staffing agencies pay \$55.00/hour. He asked the Committee to consider limiting what the agencies can charge facilities, developing incentives for future nurses and caregivers, and increasing access to nursing schools and programs.

A representative of Mennonite Friendship Communities said her facility has used temporary staffing agencies to fill 28.0 percent of the nursing shifts. She said KanCare reimbursed only 86.0 percent of the costs. She said one challenge with staffing agencies is that, when providing care to a person with dementia, the caregiver needs to get to know the patient before trust can be established. She also said some temporary nurses had not shown up for their shifts.

In response to a Committee member's question about federal regulations, a representative of Kansas Adult Care Executives said there were concerns with the impact of federal regulations but that she would still prefer a cap on agency fees.

Kansas Perinatal Behavioral Health Access Program

At the December 13-14, 2021, meeting, representatives from the University of Kansas Center for Public Partnerships and Research and Kansas Connecting Communities (KCC initiative) provided information on the Kansas Perinatal Behavioral Health Access Program. The KCC initiative provides training, resources, and technical assistance to providers including physicians, social workers, and certified nurse midwives. It also provides psychiatric consultation and care coordination for perinatal behavioral health care.

The representatives said that with support, providers can more effectively screen for perinatal depression, anxiety, and substance abuse. The KCC initiative is a five-year collaboration with KDHE and is funded through an annual federal grant. [Note: The KCC initiative is the subject of a Committee recommendation to the 2022 Legislature.]

Adult Dental Benefits

A representative of the American Dental Association's Health Policy Institute provided information on the cost estimates of adult dental benefits under Medicaid at the December 13-14, 2021, meeting. He said KanCare provides limited access to dental care. If the State added comprehensive dental benefits under KanCare, the dental costs plus the expected reductions in medical care costs would result in an estimated next cost of approximately \$960,000 SGF annually. The representative noted the importance of the connection between mouth health and the health of the rest of the body. He said dental coverage benefits general health and reduces medical costs later on through preventive care.

KanCare Meaningful Measures Collaborative.

The president of the Kansas Foundation for Medical Care described the KanCare Meaningful Measures Collaborative (KMMC) and its work at the December 13-14, 2021, meeting. KMMC is a coalition formed in 2018 to reach consensus on what data and metrics are most essential for understanding the performance of the KanCare program. She said 2020 topics at KMMC meetings included pregnancy outcomes, care coordination, and network adequacy. Topics in 2021 included telehealth, behavioral health, and quality assurance. She reported social determinants of health were a continuing topic. She said KDHE was reviewing KMMC's recommendations.

Presentations on KanCare from Individuals, Providers, and Organizations

Written and oral testimony was presented at each quarterly Committee meeting by individuals, providers, and representatives of organizations. Some individuals, providers, and organization representatives gave positive feedback for the following: KDHE's nursing home Medicaid application process; the introduction of 2021 HB

2046, which would increase reimbursement rates for I/DD providers; KDADS' supply of tablets and PPE for people with disabilities across the state; the enactment of 2021 HB 2126, which provides liability protections for adult care homes; supplemental funding from the Legislature provided to adult care homes to support them through the COVID-19 pandemic; the enactment of 2021 HB 2114, which established the Kansas Senior Care Task Force; and the recommendations of the 2021 Special Committee on Home and Community Based Services Intellectual and Developmental Disability Waiver.

Concerns and suggested solutions presented by conferees are summarized below.

Concerns

COVID-19 pandemic. Residents and staff of assisted living centers continue to deal with the health and workforce ramifications of the pandemic. The pandemic has exacerbated the preexisting problems with infection control, staffing shortages, and lack of supplies in nursing homes.

LTC. Delays in the HCBS application process result in assisted living, home plus, and residential care facilities providing uncompensated care. Staff lack necessary PPE. Medicaid reimbursement does not meet LTC expenses. Adult care facilities face increases in gas utility rates.

Technology Assisted waiver. The 2021 increase in the specialized medical care (SMC) reimbursement rate for the Technology Assisted waiver is not reaching the nurses who provide the care.

I/DD. The I/DD service system is chronically underfunded and understaffed. Some staff who provide I/DD services work an average of 100 hours per week to cover staff shortages. Overtime costs for staff are up more than 50.0 percent from two years ago. Limiting the increase in the SMC reimbursement rate to only those individuals on the Technology Assisted waiver [2021 HB 2007, Section 82(a)] limits services for individuals who are 22 years or older.

KanCare benefits. There is a continuing need to establish an adult dental benefit for KanCare.

[*Note:* These benefits would be required by 2021 SB 227, which did not receive a hearing in 2021.]

Workforce. Nursing homes lack adequate workers. Competition for nursing care staff continues due to the pay rates offered by staffing agencies that average 200.0 percent more than those of nursing facilities. The scarcity of nursing staff restricts facilities' ability to cover all nursing service hours authorized by physicians and approved by MCOs. There is a significant disparity in starting pay rates among direct care staff at Parsons State Hospital and Training Center, KNI, and OSH. Nurses who provide HCBS move across state lines for higher wages.

Oversight. Data regarding abuse, neglect, and exploitation of individuals with disabilities are limited.

Crisis services. There are delays in obtaining approval from MCOs to provide crisis services for clients. Medicaid reimbursement rates for emergency medical services (EMS) are too low, and EMS departments across the state are having a hard time hiring workers because some border states offer higher salaries. Medicaid rules allow reimbursement only if a patient is transported to a hospital, but not to alternate locations, such as a mental health crisis center.

BI waiver. The three MCOs have different processes for obtaining equipment for individuals on the BI waiver. It is difficult to obtain personal care attendants for individuals on the BI waiver.

Network adequacy. MCOs lack sufficient providers for sedation dentistry and durable medical equipment. A provider with a provisional speech therapy license can be reimbursed at nursing facilities or state hospitals only.

Recommended Solutions

Conferees offered comments on potential solutions for the topics below.

COVID-19 pandemic. Vaccines for COVID-19 must be made continuously available to new LTC residents, new staff, and residents who previously declined vaccination.

HCBS. Use the 10.0 percent increase in the FMAP, part of ARPA, to develop a statewide plan based on the 1999 *Olmstead* decision to support people with disabilities who want to remain in or return to their homes rather than be housed in institutional care. The State must provide adequate oversight of HCBS.

Staffing agency rates. Cap the percentage of reimbursement rates nurse staffing agencies can receive so direct care workers receive better pay. Increase attendant care pay to \$17.00/hour, allow staff to receive overtime pay for hours over 40 per week, and allow persons to begin work while a background check is being conducted. Change the state Medicaid plan to allow temporary speech-language pathology-licensed individuals to bill Medicaid in outpatient or home settings, in addition to schools and hospitals. MCOs should include a provision for special case agreements in their contracts.

I/DD Issues. The Legislature should establish a committee to study the I/DD waiting list and work to end it. The State should address the age-related chronic conditions of the I/DD population, such as dementia and physical disability. Community-based care management is a potential alternative to targeted case management under Medicaid. Use an intensive community support model as an alternative to persons with I/DD who become involved in the criminal justice system. Close a loophole in civil commitment statutes to serve the I/DD population.

The State should support a statewide mobile crisis services program. Increase the reimbursement rate for SMC through the Technology Assisted and I/DD waivers to \$47.00/hour or \$48.00/hour. Study who is on the I/DD waiting list to anticipate the types of services people need. Switch to a community support I/DD waiver rather than a comprehensive waiver. MCOs should fit services to the needs of individuals with I/DD.

Waiting lists. Add funding for BI waiver caseloads to avoid waiting lists. Develop a plan to end all HCBS waiver waiting lists.

LTC. Funds should be used to help nursing homes that have had an unexpectedly low census

due to the COVID-19 pandemic. There must be continuum-of-care models for long-term services and supports based on the needs of the individual. The Committee should support improved training for the care of persons with dementia. Develop a career path for adult care home employees. ARPA funds for hospital employee retention should be extended to workers at adult care homes.

Protected income level. Increase the PIL to 300.0 percent of Supplemental Security Income (SSI). [Note: Enacted 2021 SB 159 raised the PIL for HCBS waivers and PACE to 300.0 percent of SSI for FY 2022.]

Family caregiver pay. Maintain the family caregiver pay approved during the COVID-19 pandemic.

Crisis services. Increase Medicaid rates for EMS. Pursue reimbursement for treating a patient with or incorporating telehealth facilitation. Allow reimbursement for transport to alternate sites such as crisis centers and urgent care providers.

Workforce. Raise the pay for direct care staff at KNI. The Legislature should focus on recruiting providers in all specialties and fields. Reauthorize the temporary aide status in LTC facilities.

Maternal care. Extend postpartum Medicaid coverage from 2 to 12 months. Increase Medicaid reimbursement rates for pediatric primary care.

Conferees

Private citizens and representatives of the following organizations and providers testified or provided written-only testimony before the Committee: AdventHealth Shawnee Mission; American Dental Association's Health Policy Institute; American Medical Response; American Staffing Association; Arcare, Inc.; Ascension Living HOPE; Ascension Via Christi Hospital St. Joseph; Attica Long-Term Care Facility; Bluestem PACE; Brewster Place; Butler County EMS; Case Management Services, Inc.; Cherokee County Ambulance Association; City of Washington EMS; City of Wellington Fire/EMS Department; Craig HomeCare; Crawford County EMS; Disability Rights Center of Kansas; Ellsworth County EMS; Emporia Fire Department; Grassroots Advocates for Independent Living; Heartland Primary Care;

Heartspring; InterHab; Jewell County EMS; Johnson County MED-ACT; KanCare Advocates Network; Kansas Adult Care Executives; Kansas Advocates for Better Care; Kansas Association of Area Agencies on Aging and Disabilities; Kansas Board of EMS; Kansas Center for Assisted Living; Kansas Chapter of the American Academy of Pediatrics; Kansas City Kansas Fire Department; Kansas Center for Assisted Living; Kansas Connecting Communities; Kansas Council on Developmental Disabilities; Kansas Emergency Medical Services Association; Kansas Health Care Association; KNI Parent Guardian Group; Kingman EMS; LeadingAge Kansas; Lakeside Terrace; Little Government Relations; Livonius Consulting; Maxim Healthcare Services; Mennonite Friendship Communities; Mid-America Regional Council Emergency Rescue; Midland Care Connections; Miltonvale EMS; Minds Matter, LLC; Norwich EMS; Olathe Health Pediatrics; Oral Health Kansas, Inc.; Pediatric Partners; Recover-Care; Redbud Pediatrics; Riley County EMS; Republic County EMS/Rescue; Sharon Lane Health and Rehabilitation; Southeast Kansas Independent Living Resource Center, Inc.; Sunflower Medical Group; Tech EMS; Three Rivers, Inc.; Thrive Skilled Pediatric Care; Topeka Independent Living Resource Center, Inc.; Topeka Pediatrics PA; Unified Government Public Health Department; United Methodist Health Ministry Fund; University of Kansas Medical Center; and Yoder Birth Center.

Responses from Agencies and MCOs

Representatives of KDHE, KDADS, and the MCOs provided responses to concerns expressed by individuals, stakeholders, and organization representatives at each Committee meeting. A spreadsheet prepared and updated after each meeting by KLRD staff was used to track issues presented to the Committee and the resolution of those concerns.

The agencies and MCOs used the spreadsheet to respond to the concerns. Each conferee concern was identified by name, the issue was noted, and the agency response or resolution was provided. Issues determined by the Committee to have been addressed were noted as closed and removed from future tracking spreadsheets. The spreadsheet included several recurring topics.

KDHE Responses

At each meeting, a KDHE representative reviewed the agency's responses to unresolved Medicaid issues identified by conferees at previous Committee meetings.

At the February 19, 2021, meeting, the representative addressed the specific issues portion of the spreadsheet first. On a billing dispute issue, she requested the item be closed because neither KDHE nor the MCO had legal authority to take action on the item. With regard to accounts receivable with Amerigroup, she stated the accounts receivable were down significantly and claims were proceeding through appeals. She reported the community service coordination project had been on hold since November 2019. On the increase in the PIL, she said it was a continuing issue that would require legislation to permanently increase. Concerning the need for more staff to help individuals with disabilities navigate the complex system, the KDHE representative stated any changes to staffing levels would require legislation. She reported KDHE had a specific website with frequently asked questions on the vaccination phases. On a temporary payment increase to Medicare rates for staff administering care to COVID-19 patients, she stated KDHE lacked funding to pay Medicare rates.

At the April 22, 2021, meeting, on the outstanding accounts receivable from Amerigroup, the KDHE representative stated the time frame had passed for provider submissions and appeals. She reported 2021 HB 2007 had increased the SMC reimbursement rates to \$39.00/hour. On 2020 Special Session HB 2016 and exemptions from COVID-19 liabilities, she said KDHE did not have any authority over the issue. She reported the State was currently in Phase 5 for COVID-19 vaccinations. Regarding uncompensated care that is provided by assisted living, home plus, and residential care facilities in the time between application for HCBS services and when a plan of care is created, the representative stated specific CMS requirements must be met prior to HCBS payment eligibility.

At the September 22-23, 2021, meeting, on reimbursement rate increases for private duty nursing for medically complex children, the

KDHE representative stated the 2021 Legislature approved an increase in the rate for private duty nursing for the Technology Assisted waiver to \$43.00/hour. Regarding the Medicaid code for sedation dentistry within a hospital setting, she said the agency determined the rate increase was warranted and could be accommodated within existing appropriations starting January 1, 2022. On adding the billable Medicaid code that would allow therapy without the patient participating in the therapy session, the representative said research on adding the code had begun.

At the December 13-14, 2021, meeting, a KDHE representative stated the agency would include community service coordination as a topic of interest during the upcoming KanCare 3.0 discussions. On increased Medicaid dental rates, she provided a KDHE bulletin listing the dental rate increases for dental hospital calls. She said KDHE was drafting a policy to cover the Medicaid code that allows payment for therapy while the patient is not present. On federal CMS restrictions on mid-month enrollment into PACE, she said KDHE developed a workaround but determined it was not an efficient use of funding because only one or two persons per month would benefit.

KDADS Responses

At each meeting, a KDADS representative reviewed the agency's responses to unresolved Medicaid issues identified by conferees at previous Committee meetings.

At the February 19, 2021, meeting, a KDADS representative reviewed the issues raised by conferees specific to KDADS. Regarding the I/DD waiver waiting list, the representative said the agency supports conducting a survey to determine the needs of persons on the waiting list and planning accordingly. On dual-diagnosis individuals dropped from the severe emotional disturbance (SED) waiver when they age out of SED services who then wait on the I/DD waiting list for years, the representative stated KDADS does not plan to amend the waiver to allow for automatic transition from the SED waiver to the I/DD waiver.

Regarding 22 LTC facilities that had been in receivership, she stated only 1 remained in receivership. She reported KDADS had reinstated

the Promoting Excellent Alternatives in Kansas (PEAK) advisory panel.

On COVID-19-related retainer payments and provider rates for I/DD providers, the KDADS representative said the MCOs processed \$1.4 million in retainer payments to qualified providers in December 2020. She reported SPARK and Coronavirus Aid, Relief, and Economic Security (CARES) Act funding were made available to centers for independent living, adult care homes, and LTC units for PPE, refurbished iPad tablets, and supplies for direct care workers. She reported the federal Centers for Disease Control and Prevention and CMS had not revised the guidance on visitation, testing, or quarantine in health care facilities. Regarding the Money Follows the Person program, the representative stated the program “lost ground,” but KDADS was working with interested persons to seek federal grant funding to restart the program.

At the April 22, 2021, meeting, regarding the I/DD waiting list, a KDADS representative said KDADS was considering using federal ARPA funding to conduct a study of the waiting list. On rebasing, she said funding for nursing facilities was included in 2021 HB 2007 and calendar years 2017-2019 were used to rebase. She reported a meeting would be held in summer 2021 to discuss dual-diagnosis individuals transitioning from the SED waiver to the I/DD waiver. Regarding behavioral health needs of the I/DD population, she said the agency is working to introduce a mobile crisis response program for all children and youth. On best practices for crisis intervention for individuals with I/DD, she stated KDADS is interested in the Sequential Intercept Model to benefit the I/DD population.

Regarding a request for the Senior Care Act to be amended to include persons under the age of 60 who have been diagnosed with Alzheimer’s or other forms of dementia, the KDADS representative said any change of eligibility would require legislation. She reported new nursing facility visitation guidance was released by CMS in March 2021. Regarding the Money Follows the Person program, she said KDADS is working with stakeholders to draft a program design to request federal grant funding to reinstate it. She said the authority to use temporary aides in LTC facilities had been extended through May 28, 2021, by

Executive Order No. 21-21, and the agency was working with stakeholders to ensure enough credentialing courses were available.

Concerning mobile crisis units for people with I/DD and autism, she said the issue was related to the 988 crisis hotline, and KDADS was monitoring 2021 HB 2281 and 2021 HB 2373, which would assist in developing the crisis response model. She reported a work group had been formed to study how to avoid a waiting list for the BI waiver. On decertifying beds and the bed tax for nursing homes, the representative said the issue would require legislative action.

At the September 22-23, 2021, meeting, a KDADS representative announced KDADS is developing a scope of work for a study of the I/DD waiting list, and the agency expects to use \$1.0 million from the estimated \$80.0 million from the ARPA FMAP enhancement. She said the agency also planned to use ARPA funds to invest in initiatives aimed at improving the workforce in long-term services and supports. Transitioning persons from institutional settings to community-based services was also included in the agency’s ARPA FMAP enhancement plan.

She said the agency is developing guardrails to ensure money planned for direct care workers actually ends up with the employees. On alternatives to incarceration for individuals with I/DD who are accused of a crime, the representative said the agency is planning to bring Sequential Intercept Model facilitators to guide the need for system change on this issue. Regarding training certified medication aides (CMAs) to administer insulin, a KDADS representative said both a change in statute and a change in CMA curriculum would be necessary to permit a CMA to assist in the administration of insulin. On continued understaffing at state hospitals, a KDADS representative said two Executive Directives targeted staff pay increases by raising the starting wage for direct-care staff by 15.0 percent.

At the December 13-14, 2021, meeting, on the I/DD waiver waiting list, the KDADS representative stated the agency planned to use some ARPA FMAP enhancement funding to study the waiting list. On dual-diagnosed individuals

who are dropped from the SED waiver but must wait for I/DD services, she said no one can bypass the I/DD waiting list but a person can be placed on both waiting lists. The Committee suggested this issue be discussed by any future committee formed to study the I/DD waiting list.

On the issue of person-centered choice and supports, the KDADS representative said KDADS supports discussions with stakeholders as the State begins discussions on KanCare 3.0. During a discussion on the temporary aide certification, the KDADS representative stated a new emergency declaration or a statutory change would be necessary to reauthorize the program. A Committee member suggested the category “limited nurse aide” be used for the certification. [Note: The temporary aide program is the subject of a Committee recommendation to the 2022 Legislature.]

On the PEAK program, the KDADS representative stated new members were added to the advisory board and work groups were established. The revised criteria for the program will be announced in January 2023 for FY 2024. Regarding allowing CMAs to administer insulin, a KDADS representative stated the agency received feedback from providers, and curriculum would need to be revised. [Note: Insulin administration is the subject of a Committee recommendation to the 2022 Legislature.] On the issue of uncompensated care provided by nursing facilities between when an application is filed and a plan of care is approved, the KDADS representative stated CMS does not permit retroactive eligibility and requires a plan of care before payment begins.

MCO Responses

Representatives from the MCOs provided responses to issues at each Committee meeting.

Aetna. At the February 19, 2021, meeting, an Aetna Better Health of Kansas (Aetna) representative stated the company policy on delayed payments for services is to obtain information from the KanCare Clearinghouse and then review the situation. Regarding an increase in the SMC rate for persons who require high-level nursing care, the representative stated Aetna supports any provider fee schedule increases and would pass the increase through to its contracted

providers. On the suspension and waiver of certain admissions requirements while COVID-19 patients are being treated, the representative said Aetna will continue to waive pre-certification for admissions and remove COVID-19 from automatic review of high-dollar claims.

Sunflower. At the February 19, 2021, meeting, a Sunflower State Plan (Sunflower) representative stated the company was working with the other MCOs to provide adequate reimbursement rates for SMC. He also said Sunflower was collaborating with hospitals on claims payments related to COVID-19 care.

UHC. At the February 19, 2021, meeting, a UnitedHealthcare Community Plan (UHC) representative said, in regard to delayed payments, payments come through the Clearinghouse and UHC must confirm they are “clean” claims. She said providers have 365 days to correct the claims. The representative stated UHC supports an increase in SMC reimbursements rates. On COVID-19 treatment admissions, she said there is no three-day restriction and that UHC has suspended high-dollar claim reviews for December 2020 and January 2021 but will resume them in February 2021, excepting COVID-19 claims.

At the September 22-23, 2021, meeting, a UHC representative presented the issue responses for all three MCOs. On the inconsistent processes across MCOs for home modifications, she said all three MCOs had met to agree upon a streamlined process and are waiting on approval from KDADS before implementing it. On sedation dentistry network adequacy, the UHC representative said the MCOs would provide a list of sedation dentistry providers.

At the December 13-14, 2021, meeting, a UHC representative reviewed the responses from all three MCOs. On the process for members to obtain home modifications, she said the MCOs are still waiting for KDADS approval of their plan. On crises within the I/DD population, the representative stated all three MCOs have dedicated staff to handle such crises and are working with KDADS on overall policy to improve practices.

Maternal Health Supports in KanCare

At the September 22-23, 2021, meeting, the Committee heard presentations from the MCOs, providers, organizations, and individuals on maternal health services and supports in KanCare.

An Aetna representative reviewed the company's member incentives as they relate to maternal health, including assigning a level of care management for each patient. Low-risk pregnant women have 12 months of support postpartum, and high-risk pregnant women remain in care management for 18 months of support postpartum. The representative said the company plans to implement 2 additional maternal health programs in the next 12 months: Remote Patient Monitoring and Nurse-Family Partnerships.

A Sunflower representative said the company uses the Start Smart for Your Baby program, which incorporates care management, care coordination, and disease management to improve the health of mothers and their newborns. She said the program shows statistically significant improvement in delivery outcomes.

A UHC representative said the company was focused on addressing racial and ethnic disparities in maternal health. She said UHC's program, Healthy First Steps, was designed as an integrated and holistic approach across the continuum of care. She said UHC members receive rewards for completing prenatal and postpartum doctor visits.

A certified nurse midwife testified on behalf of the Kansas Perinatal Quality Collaborative, which implements and supports efforts to strengthen the perinatal systems of care for mothers and infants. She said 92.3 percent of pregnancy-related deaths in Kansas were determined to be preventable. Data showed obesity contributed to more than half of the deaths, and substance abuse contributed to a quarter of the deaths. The representative stated Medicaid-eligible women have the highest needs and the worst outcomes.

A representative from the Maternal Infant Health division of the March of Dimes testified to the Committee that Medicaid is the largest payer for maternity care in the nation and, as of 2019, Medicaid covered about one-third of all births in Kansas. She said maternal equity problems

affected Black women and children disproportionately.

A representative of the New Birth Company provided an overview of her company, an accredited maternity center. The Wyandotte County location closed in July 2021. She said the primary reason for closing was the loss of affordable malpractice insurance. She said due to certain statutory language, the agency was not able to secure the required malpractice insurance from state options. Her center offered early (first trimester) prenatal care and targeted Black, Hispanic, and immigrant populations in Wyandotte County. In response to a Committee member's question, the representative stated KSA 40-3401(f) does not include "maternity center" in the definition of "healthcare provider" for insurance purposes. If maternity centers in Kansas were allowed access to the Health Care Stabilization Fund, then she could reopen her practice.

A community health worker told the Committee about her experience with uninsured pregnant women who struggled to find affordable birth centers.

A private citizen told the Committee she used a birth center and midwife.

A certified insurance counselor and representative of HUB International Limited testified that she assisted the New Birth Company in trying to obtain malpractice insurance coverage for the company's certified nurse midwives. She said a certified nurse midwife who is an employee of a hospital or other health company is easily insured, but as an independent practitioner, the malpractice insurance costs are twice as much.

A representative of Midwest Maternal Fetal Medicine described her experience in high-risk obstetrics. She said maternal deaths, newborn deaths, and illnesses related to pregnancy are increasing. She said a network of care providers able to serve the appropriate level of care for each pregnant woman is an approach that has demonstrated improvements in overall care.

KSKidsMAP Program

At the December 13-14, 2021, meeting, representatives from the University of Kansas

School of Medicine-Wichita provided information on the KSKidsMAP program, which is designed to provide pediatric mental health care access through case consultation and mentoring, along with clinician wellness programs to support primary care physicians. The program aims to integrate mental health care into primary pediatric care. The program had 164 physicians and clinicians enrolled as of December 2021, with 63 of the 105 Kansas counties represented. The program relies on an annual federal grant for funding.

MCO Updates

Representatives of all three MCOs provided testimony highlighting their programs at each Committee meeting.

UnitedHealthcare Community Plan of Kansas

At the February 19, 2021, meeting, two UHC representatives provided an overview of the company's COVID-19 response. They stated UHC launched a program called Safety Testing and Overall Partnerships. He said Black and Latino populations were disproportionately affected by the pandemic because of factors such as underlying health conditions, socioeconomic status, and access to health care. The company had distributed 5,000 health and safety kits and 3,000 food boxes in Seward and Liberal.

At the April 22, 2021, meeting, a UHC representative said UHC distributed thousands of health and safety kits, boxes of food, and vaccination card pouches to members.

At the December 13-14, 2021, meeting, UHC representatives outlined a mobility project the company and the Johnson County Mental Health Center created to provide employment support for persons with I/DD. The representatives said one challenge the I/DD population faces is transportation to and from their employment locations. The company began using peer mobility specialists who provide rides for the individuals.

Aetna Better Health of Kansas

At the February 19, 2021, meeting, an Aetna representative said the company continued to support members through expanded telemedicine, adjusting service plans and authorizations, and

remote monitoring for persons with chronic conditions.

The representative said that for providers, Aetna had expanded telemedicine policies, delayed overpayment recoupment, and maintained communication on the impacts of the pandemic on providers' practices.

At the April 22, 2021, meeting, an Aetna representative said the MCOs do not control the salaries paid to psychiatric residential treatment facility (PRTF) staff but instead pay a daily rate. He said utilization of telehealth by members increased from 2.62 percent to 32.14 percent per county.

At the December 13-14, 2021, meeting, an Aetna representative said the MCOs were working together on the process for members to obtain durable medical equipment. The company had also formed a team to develop strategies to address workforce shortages.

Sunflower Health Plan

A Sunflower representative presented information at the February 19, 2021, meeting about helping members obtain the COVID-19 vaccination, including not requiring prior authorization for the vaccine to be fully covered. The company received approval to extend authorizations for temporary services for persons in HCBS through September 30, 2021, and reached out to members to determine what services were needed. The company distributed tablet computers to members who were socially isolated and masks to members who were at greater risk for COVID-19 exposure.

At the April 22, 2021, meeting, a Sunflower representative said a barrier to members using telehealth was the lack of a high-speed internet connection, especially in the rural parts of the state. He described Project SEARCH, which is designed to secure competitive, integrated employment for people with disabilities. On sedation dentistry, he said it requires both an anesthesiologist and dentist to deliver the service, and Sunflower increased reimbursement rates for those providers but continued to struggle with provider capacity.

A Sunflower representative reported at the December 13-14, 2021, meeting that 246 of Sunflower's members experienced housing insecurity. He also discussed the company's participation in a Sequential Intercept Model pilot project with the community developmental disability organization in Sedgwick County.

Human Services Caseload Estimate

Staff from the Division of the Budget, DCF, KDHE, KDADS, and KLRD met April 19, 2021, to revise the estimates for human services consensus caseload expenditures for FY 2021 and FY 2022. Expenditures include Temporary Assistance for Needy Families (TANF), reintegration and foster care, KanCare Regular Medical Assistance, and KDADS Non-KanCare. The human services consensus caseload estimating group met again on October 28, 2021 to revise estimates on caseload expenditures for FY 2022 and develop estimates for FY 2023.

Spring Estimate

At the April 22, 2021, meeting, a KLRD analyst reported the combined estimate for FY 2021 and FY 2022 was an all funds decrease of \$622.5 million, including a decrease of \$331.2 million SGF below the approved amount. For FY 2021, the revised estimate for all human services caseloads was \$3.8 billion, from all funding sources, including \$1.0 billion SGF. This was an all funds decrease of \$353.7 million, including \$189.5 million SGF, below the budget approved by the 2021 Legislature. For FY 2022, the revised estimate was \$4.1 billion from all funding sources, including \$1.3 billion SGF. This is a decrease from all funds of \$268.8 million, including a decrease of \$141.6 million SGF.

Fall Estimate

At the December 13-14, 2021, meeting, a KLRD representative said the revised total all funds consensus caseload estimate for FY 2022 was \$4.0 billion from all funding sources, including \$1.1 billion SGF. This represented an all funds decrease of \$72.5 million, including \$173.2 million SGF, below the budget approved by the 2021 Legislature. The FY 2023 revised estimate was \$4.1 billion from all funding sources, including \$1.3 billion SGF. This represented an all funds increase of \$92.9 million, including an

increase of \$170.0 million SGF, above the FY 2022 revised estimate.

CONCLUSIONS AND RECOMMENDATIONS

At its meeting on December 13-14, 2021, Committee members discussed their conclusions and recommendations to the 2022 Legislature.

The Committee recommends:

- KDHE submit a State Plan Amendment to CMS to add 90846 as a billable Medicaid code that would allow billing for psychotherapy without the patient present and that KDHE produce a cost estimate for the new code;
- The Legislature approve applying to extend postpartum coverage to 12 months for new mothers enrolled in KanCare and direct KDHE to provide data on the number of women who have used the first 2 months of postpartum services and could benefit from 12-month coverage;
- The State Medicaid Director review and report on raising Medicaid reimbursement rates as percentages of Medicare rates for various codes, in particular, those for emergency medical services, pediatric primary care, and certified nurse midwife services, and submit the report, including cost estimates and historical comparisons, to the Committee, the Senate Committee on Public Health and Welfare, the House Committee on Health and Human Services, and the social service budget subcommittees of the Senate Committee on Ways and Means and the House Committee on Appropriations;
- KDHE look into and produce a cost estimate on CMS approval for paying family caregivers if they meet the requirements of any other care providers within industry-standard guardrails and authorizing family caregivers with pending background checks to be paid;

- The Legislative Coordinating Council (LCC) establish a committee, similar in structure to the 2021 Special Committee on Kansas Mental Health Modernization and Reform, to study the I/DD waiver waiting list and long-term needs of the I/DD community;
- The Legislature look into raising the SMC (T1000) service code rates for both the Technology Assisted and I/DD waivers to \$47.00/hour and use federal ARPA funds, if available, prior to SGF moneys;
- The LCC establish a working group to study shortages and credentialing of personal care attendants and look into criteria and training;
- Appropriate legislative committees that deal with perinatal behavioral health monitor current funding sources for Kansas Connecting Communities;
- The Legislature amend statutes to provide refunds to skilled nursing facilities for the reduction in the number of licensed beds upon decertification; and
- KDADS look into amending the CMA curriculum to allow CMAs to assist residents in self-administration of insulin injection.

The Committee also requested a bill be drafted to codify in statute the flexibility of the temporary aide certification that was given emergency authorization by Executive Order 20-23.

APPENDIX A

ROBERT G. (BOB) BETHELL JOINT COMMITTEE ON HOME AND COMMUNITY BASED SERVICES AND KANCARE OVERSIGHT

ANNUAL REPORT FOR THE 2022 LEGISLATIVE SESSION

The Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight is charged by statute to submit an annual written report on the statewide system for long-term care services to the President of the Senate and the Speaker of the House of Representatives at the start of each regular legislative session. The authorizing statute (KSA 39-7,159) creating a comprehensive and coordinated statewide system for long-term care services became effective July 1, 2008.

The Committee's annual report is to be based on information submitted quarterly to the Committee by the Secretary for Aging and Disability Services. The annual report is to provide:

- The number of individuals transferred from state or private institutions to home and community based services (HCBS), including the average daily census in state institutions and long-term care facilities;
- The savings resulting from the transfer of individuals to HCBS as certified by the Secretary for Aging and Disability Services; and
- The current balance in the Home and Community Based Services Savings Fund.

The following tables and accompanying explanations are provided in response to the Committee's statutory charge.

Number of Individuals Transferred from State or Private Institutions to HCBS, including the Average Daily Census in State Institutions and Long-term Care Facilities

Number of Individuals Transferred — The following provides a summary of the number of individuals transferred from intellectual/developmental disability (I/DD) institutional settings into HCBS during state fiscal year (SFY) 2021, together with the number of individuals added to HCBS due to crisis or other eligible program movement during SFY 2021. The following abbreviations are used in the table:

- ICF/IDD — Intermediate Care Facility for Individuals with Developmental Disabilities
- SFY — State Fiscal Year

I/DD INSTITUTIONAL SETTINGS AND WAIVER SERVICES*	
Private ICFs/IDD: Average Monthly Caseload SFY 2021	103
State I/DD Hospitals: Average Monthly Caseload SFY 2021	274
I/DD Waiver Community Services: Average Monthly Caseload SFY 2021	9,082
*Monthly averages are based upon program eligibility.	
Sources: SFY 2021 — Medicaid eligibility data as of October 2021. The data include people coded as eligible for services or temporarily eligible.	

The following provides a summary of the average monthly caseload. These additional abbreviations are used in the table:

- FE — Frail Elderly Waiver
- PD — Physical Disability Waiver
- BI — Brain Injury Waiver

FE / PD / BI INSTITUTIONAL SETTINGS AND WAIVER SERVICES*	
Nursing Facilities — Average Monthly Caseload SFY 2021	9,572
Head Injury Rehabilitation Facility	41
FE Waiver: Average Monthly Caseload SFY 2021	5,528
PD Waiver: Average Monthly Caseload SFY 2021	6,049
BI Waiver: Average Monthly Caseload SFY 2021	668
*Monthly averages are based upon program eligibility.	
Sources: SFY 2021 — Medicaid eligibility data as of October 2021. The data include people coded as eligible for services or temporarily eligible.	

AVERAGE DAILY CENSUS IN STATE INSTITUTIONS AND LONG-TERM CARE FACILITIES

KANSAS NEUROLOGICAL INSTITUTE: AVERAGE DAILY CENSUS

FY 2015 – 144
FY 2016 – 141
FY 2017 – 142
FY 2018 – 140
FY 2019 – 138
FY 2020 – 132
FY 2021 – 126

PARSONS STATE HOSPITAL AND TRAINING CENTER: AVERAGE DAILY CENSUS

FY 2015 – 173
FY 2016 – 163
FY 2017 – 159
FY 2018 – 160
FY 2019 – 162
FY 2020 – 157
FY 2021 – 151

PRIVATE ICF/IDD: MONTHLY AVERAGE*

FY 2015 – 140
FY 2016 – 137
FY 2017 – 133
FY 2018 – 137
FY 2019 – 119
FY 2020 – 110
FY 2021 -- 103

NURSING FACILITIES: MONTHLY AVERAGE*

FY 2015 – 10,491
FY 2016 – 10,235
FY 2017 – 10,047
FY 2018 – 10,049
FY 2019 – 10,226
FY 2020 – 10,500
FY 2021 – 9,572

*Monthly averages are based upon Medicaid eligibility data.

Savings Resulting from the Transfer of Individuals 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, which does have the effect of cost avoidance, the savings resulting from moving the individuals to HCBS, as of September 30, 2021, was \$0.

Balance in the KDADS Home and Community Based Services Savings Fund

The balance in the Kansas Department for Aging and Disability Services Home and Community Based Services Savings Fund as of September 30, 2021, was \$0.