

KDADS Operations

Consequences of Not Funding this Program

Essential executive functions and financial operations basic to the functioning of the agency would not be performed to effectively provide services to vulnerable Kansans. Essential functions include Legal, Human Resources, Fiscal, Public Affairs, and IT.

Statutory Basis	Mandatory vs. Discretionary	MOE/Match Rqt.	Priority Level
General KSA 75-5901 et seq.; KSA 75-59-45; KSA 75- 5321a; KSA 39-925	Discretionary	No	6

Program Goals

- A. Planning, policy development, administration, coordination, prioritization, and evaluation of all state activities related to older Kansans and Kansans with disabilities.
- B. Promote healthy aging with personal and financial independence and high quality service and supports at all levels of individuals needs.
- C. Analyze consumer focused quality data (timely and accurately) across all service settings to improve the service quality.

Program History

The Kansas Department for Aging and Disability Services was created by the 1977 Legislature as the Kansas Department on Aging. In FY 2013, the Governor implemented a reorganization of the state's social services agencies to include the transfer of mental health services, substance abuse disorder services, and Home and Community-Based Services Waivers from the Department of Social and Rehabilitation Services (SRS) to the newly named Kansas Department for Aging and Disability Services. It is a cabinet-level agency that administers federal and state programs to assist elderly citizens as well as individuals in need of disability, mental health, and addiction services.

Performance Measures

Outcome Measures	Goal	FY 2019	FY 2020	FY 2021	3- yr. Avg.	FY 2022	FY 2023
Specific measures not defined	n/a						

Funding

Funding Source	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
State General Fund	\$ 4,706,503	\$ 5,956,259	\$ 8,693,158	\$ 4,401,494	\$ 13,630,401	\$ 6,540,989
Non-SGF State Funds	6,326,659	447,488	2,770,267	2,038,431	3,013,552	3,013,743
Federal Funds	5,040,720	5,250,232	4,585,890	4,716,772	5,649,046	5,652,210
Total	\$ 16,073,882	\$ 11,653,979	\$ 16,049,315	\$ 11,156,697	\$ 22,292,999	\$ 15,206,942

Medicaid

Consequences of Not Funding this Program

Medicaid Home- and Community-Based Services (HCBS) are types of person-centered supports and services that address the needs of people with functional limitations who need assistance with ADLs, IADLs, and rehabilitation specifically designed to enable people to stay in their homes, rather than moving to a facility for care. Not funding Medicaid Home-and Community-Based Services (HCBS) would result in thousands of Kansas becoming institutionalized in already over-burdened long term care facilities in the state. Inadequate funding will lead to increase in waiting list for services for Kansans with Intellectual and Developmental Disability; Physical Disability; and could complicate service-delivery for children with autism spectrum disorder, and persons with acquired or traumatic brain injury.

Statutory Basis	Mandatory vs. Discretionary	MOE/Match Rqt.		Priority Level
Specific 75-5945 & 39-1801 et seq. HCBS (FE) KS.0303.R05.00; HCBS (IDD) KS.0224.R06.00; HCBS (AU) KS.0476.R02.00; HCBS (PD) KS.0304.R05.00; HCBS (TA):KS.4165.R06.00; HCBS (BI) KS.4164.R06.02; HCBS (SED):KS.0320.R04.00	Mandatory	Yes	CMS	2

Program Goals

- A. To ensure that Kansas with high level of care (ADL and IADL) needs, and at imminent risk of institutionalization are served and supported while remaining in the homes and communities.
- B. To deliver equitable services and supports to Kansans with different forms of disabilities by encouraging competitive and integrated employment alternatives and opportunities, incentivizing positive movement towards greater independence through competitive employment, and creating a path for disability employment and empowerment in the state of Kansas
- C. To divert psychiatric hospitalization by providing intensive Home and Community Based Support Services (HCBS) to children and youth in their homes and communities; provide short-term rehabilitation to individuals with brain injury; support parents of children with autism spectrum disorder; support children and youth chronically ill or medically fragile and dependent upon a ventilator or medical device to compensate for the loss of vital bodily function; and support frail and elderly Kansans above 65 years of age.
- D. Provide sub acute psychiatric services for SED youths in crisis

Program History

In 1981, Congress authorized Home and Community Based Service (HCBS) waiver under section 1915(c) amendment of the Social Security Act, created as a part of the Omnibus Budget Reconciliation Act of 1981. Section 1915(c) allowed states to provide home and community-based services for individuals who preferred to receive their services at home rather than in an institution.

Performance Measures

Outcome Measures		Goal	FY 2019	FY 2020	FY 2021	3- yr. Avg.	FY 2022	FY 2023
HCBS Management	Number of Participants Eligible to Receive HCBS I/DD Services (Monthly Average)	B	9,053	9,115	9,155	9,108	9,155	9,155
	Number of Participants Eligible to Receive HCBS PD Services (Monthly Average)	A	5,828	6,128	6,221	6,059	6,221	6,221
	Number of Participants Eligible to Receive HCBS Autism Services (Monthly Average)	C	50	53	65	56	65	65
	Number of Participants Eligible to Receive HCBS SED Services (Monthly Average)	C	3,389	3,239	3,300	3,309	3,300	3,300
	Number of Participants Eligible to Receive HCBS FE Services (Monthly Average)	C	4,662	5,244	5,790	5,232	6,552	7,135
	Number of Participants Eligible to Receive HCBS TA Services (Monthly Average)	C	569	591	621	594	654	681
	Number of Participants Eligible to Receive HCBS BI Services (Monthly Average)	C	409	560	875	615	1,078	1,078
	Number of Participants Enrolled In PACE Program (Monthly Average)	A	584	676	729	663	822	899
	Number of Individuals on Waitlist to Receive HCBS I/DD Services*	B	4,086	4,464	4,720	4,423	4,768	4,943
	Number of Individuals on Waitlist to Receive HCBS PD Services*	A	1,504	2,027	2,227	1,919	2,427	2,627
	Number of Individuals on Autism Proposed Recipient List*	C	328	356	384	356	412	440
	PRTF	Number of KanCare Children Receiving PRTF Services (Monthly Average)	C	240	252	297	263	280
Number of KanCare Children on the PRTF Waitlist		C	207	155	151	171	147	145

Funding Source	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
State General Fund	\$ 621,670,105	\$ 685,982,563	\$ 666,457,104	\$ 578,841,764	\$ 755,176,893	\$ 755,176,892
Non-SGF State Funds	50,619,541	34,100,000	34,634,715	66,054,538	45,260,000	45,260,000
Federal Funds	808,183,060	918,081,547	1,106,001,834	1,210,893,078	1,345,449,951	1,280,094,547
Total	\$1,480,472,706	\$1,638,164,110	\$1,807,093,653	\$1,855,789,380	\$2,145,886,844	\$2,080,531,439

Behavioral Health

Consequences of Not Funding this Program

When services are reduced or not available, there is an increased chance of homelessness, substance use, overdoses, suicide, and incarceration. Decreasing funding for behavioral health will shift burden of costs to local law enforcement, hospitals, and jails. It will also diminish the chances of full recovery and will mean a greater fiscal impact to the state.

Statutory Basis	Mandatory vs. Discretionary	MOE/Match Rqt.	Priority Level
Specific 65-4001,75-5375,65-4007, 75-3307b, 79-4805,39-1601-39-1604	Mandatory	Yes Block grant	4

Program Goals

A. Address and treat people who are in immediate crisis
 B. Increase availability of diagnosis and treatment of SMI/SUD
 C. Stabilize patients so that they can return to the community

Program History

KDADS has served as the single state agency for behavioral health services for SAMHSA since the agency was formed during the reorganization of SRS. KDADS manages the federal block grant programs for mental health and substance abuse prevention and treatment. KDADS also manages state funding for behavioral health services and creates policy and procedures for implementing programs as well as providing oversight and quality assurance of state funded programs.

Performance Measures

<i>Outcome Measures</i>		<i>Goal</i>	<i>FY 2019</i>	<i>FY 2020</i>	<i>FY 2021</i>	<i>3- yr. Avg.</i>	<i>FY 2022</i>	<i>FY 2023</i>
Mental Health Treatment	Number of Persons with Severe and Persistent Mental Illness Receiving Outpatient Services	B	19,738	17,116	15,691	17,515	16,404	18,044
Substance Use Disorder (SUD) Treatment	Number of Individuals Receiving SUD treatment	B	9,253	9,206	9,876	9,445	10,500	10,500
	Number of Individuals Receiving Community-Based Alcohol and Drug Treatment Services	C	6,826	5,933	6,092	6,284	6,500	6,500
Problem Gambling	Number of Individuals Receiving Problem Gambling Treatment	B	179	193	223	198	234	246
Crisis Centers	Number of Individuals Served in a KDADS-Funded Crisis Program	A	23,796	13,094	13,260	16,717	14,586	16,045
	Number of Individuals Receiving Social Detox Through a Crisis Program	B	1,837	1,071	798	1,235	1,000	1,050
	Number of Individuals Referred to MH and/or SUD Treatment From a Crisis Program	B	4,315	7,586	6,114	6,005	7,000	7,600

Funding

<i>Funding Source</i>	<i>FY 2018</i>	<i>FY 2019</i>	<i>FY 2020</i>	<i>FY 2021</i>	<i>FY 2022</i>	<i>FY 2023</i>
State General Fund	\$ 50,140,595	\$ 46,758,656	\$ 53,713,236	\$ 43,720,029	\$ 86,010,493	\$ 81,689,902
Non-SGF State Funds	17,792,251	21,801,547	25,268,628	42,606,075	33,624,122	31,236,401
Federal Funds	35,120,173	26,062,074	27,118,591	37,814,696	25,430,151	24,781,165
Total	\$ 103,053,019	\$ 94,622,277	\$ 106,100,455	\$ 124,140,800	\$ 145,064,766	\$ 137,707,468

Capital Improvements

Consequences of Not Funding this Program

Without funding for capital improvement projects at the state hospitals, buildings used to house patients and the infrastructure to support the staff and patient care will deteriorate over time. Providing routine rehabilitation and repair of facilities and infrastructure, as well as allowing for major remodeling of facilities to meet changing needs, is critical to maintaining certification and accreditation. Capital improvement funding also pays to redeem bonds issued to remodel and maintain buildings at the state hospitals. Not appropriating SIBF funds for debt service risks violating the terms of the bond.

Statutory Basis	Mandatory vs. Discretionary	MOE/Match Rqt.	Priority Level
Specific KSA 76-6b05	Discretionary	No	7

Program Goals

A. To provide state funding for capital projects identified and prioritized across the 4 state hospitals.
 B.
 C.

Program History

In 1953, the Legislature approved SB 26 creating the an Institutional Building Fund to pay for repairing and equipping of buildings at the state institutions. The funds are collected from an annual state tax of one-half mill on all the property subject to Ad Valorem taxation under the general tax laws of Kansas. The 1990 Session, HB 2607, Sec. 24, established the Institutional Rehabilitation and Repair Fund. The purpose of the fund was to consolidate the central funds that were setup over the years into one fund titled Institutional Rehabilitation and Repair Fund. The fund is now called the State Institutions Building Fund for use at the state hospitals, Juvenile correctional facilities, and Veterans or Soldiers Homes.

Performance Measures

Outcome Measures	Goal	FY 2019	FY 2020	FY 2021	3- yr. Avg.	FY 2022	FY 2023
Prioritize capital projects in the fiscal year budget before "end of life cycle" to prevent interference with patient care and patient programming.	95% of the time before a system or building failure						

Funding

Funding Source	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
State General Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Non-SGF State Funds (SIBF)	13,464,151	8,541,869	8,917,188	9,530,803	14,683,971	6,355,648
Federal Funds	-	-	-	-	-	-
Total	\$ 13,464,151	\$ 8,541,869	\$ 8,917,188	\$ 9,531,438	\$ 16,417,971	\$ 6,355,648

Aging & Disabilities Community Service Programs

Consequences of Not Funding this Program

Failure to fund this program would result in the cessation of community based services to seniors who can contribute to the cost of their care through the Area Agencies on Aging and would force those seniors to spend down their financial resources quicker making them eligible for Medicaid sooner than they would have been otherwise. Further, both congregate meals and home-delivered meals would no longer be able to be provided, risking the nutrition and health of the seniors who rely on these services.

Statutory Basis	Mandatory vs. Discretionary	MOE/Match Rqt.	Priority Level
Specific K.S.A. 65-5101 et seq. and K.S.A. 65-6201, K.S.A 39-1801, 65-4411, KSA 75-5903, KSA 75-5926, KSA 75-5903, KSA 65-441 1 et seq., and KSA 39-1801 et seq	Mandatory	Yes OAA	5

Program Goals

- A. Assist older Kansans who are at risk of institutionalization with services to help them remain in their homes.
 B. Provide quality meal services to older Kansans in order to improve or maintain their health and nutritional status.
 C. Implement person-centered, self-determined services that allow individuals to live successfully in their home and community.

Program History

The Program provides financial support to the 11 area agencies on aging. Support is provided through both federal and state funds. The federal funds include monies awarded under the federal Older Americans Act. The funds finance inhome services for frail individuals, supportive services delivered at the senior centers, case management services, elderly abuse and disease prevention, and health promotion services. The Aging and Disability Community Services Programs Commission administers grant programs, including the Senior Care Act and Nutrition Grants, as well as the Client Assessment, Referral, and Evaluation Program. This program screens all nursing home applications and inquiries to determine whether institutionalization could be delayed or prevented through less expensive community services. State support is provided through the senior Care Act, which finances in-home services for the elderly so that they can remain in their homes. The Department also provides funding to community providers and the state's 11 area agencies on aging, so they can provide congregate and home-delivered meals to the elderly under the Congregate Meals Program at centralized meal sites. At these sites, the elderly can gather, socialize, and receive other services. The program is financed by federal funds that are matched with monies from the State General Fund, county mill levies, and local contributions. Home-delivered meals are provided through the federal Older Americans Act. The program targets individuals unable to reach the congregate meal sites. Both congregate and home delivered meal programs are eligible for grant support by the U.S. Department of Agriculture, which partially reimburses the programs on a per-meal basis.

Performance Measures

Outcome Measures		Goal	FY 2019	FY 2020	FY 2021	3- yr. Avg.	FY 2022	FY 2023
Older Americans Act (OAA)	Number Served for Registered Services	A	32,957	30,605	34,000	32,521	34,001	34,001
	Percentage of Customers that have Contacted their Provider in the Last 2-3 Months	A	61.3%	64%	60%	62%	65%	65%
	Percentage of Customers That Would Recommend the OAA Program to a Friend or Relative	C	99.4%	96%	100%	98%	99%	99%
	Percentage of Attendants that Work the Amount of Time Authorized on the Plan of Care	A	97.6%	98%	97%	98%	99%	99%
Senior Care Act (SCA)	Number Served Annually	A	3,993	3,873	3,348	3,738	3,801	3,801
	SCA -Percentage of Customers that have Contacted their Provider in the Last 2-3 Months	A	66.8%	71%	62%	67%	70%	70%
	Percentage of Customers that Would Recommend the SCA Program to a Friend or Relative	C	99.7%	97%	98%	98%	100%	100%
	Percentage of Attendants that Work the Amount of Time Authorized on the Plan of Care	A	99.1%	97%	97%	98%	100%	100%
Aging and Disability Resource Centers (ADRC)	Number of Assessments	A	13,451	11,449	11,549	12,150	14,000	1,400
	Average Number of ADRC Call Center Contacts per Week	A	513	625	487	542	550	630

OAA- Nutrition Program	Number of Congregate Meals Served	B	1,224,322	1,210,292	1,145,500	1,193,371	1,145,500	1,145,500
	Number of Home Delivered Meals	B	1,879,709	1,478,154	1,984,500	1,780,788	1,984,500	1,984,500
	Number of Customers Receiving Support Services	B	33,678	32,564	35,000	33,747	35,000	35,000
Client Assessment, Referral, and Evaluation (CARE)	Number of CARE Level I Assessments	A	12,720	10,999	10,090	11,270	13,500	13,500
	Number of CARE Level II Assessments	A	636	600	602	613	650	650
Customer Reviews	Number of Older Americans Act customers reviewed	C	212	233	219	221	222	222
	Number of Senior Care Act customers reviewed	C	430	398	317	382	358	358
SHIP (SHICK)	Number Served	C	29,142	29,246	23,673	27,354	24,619	25,849
	Number of Contacts	C	29,142	29,246	23,673	27,354	24,619	25,849
	Number of Events	C	662	309	218	396	226	237
MIPPA	Number Served	C	7,551	9,624	8,898	8,691	10,307	10,507
	Number of Contacts	C	7,551	9,624	8,898	8,691	10,307	10,507
	Number of Events	C	532	264	193	330	196	199

Funding

Funding Source	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
State General Fund	\$ 17,148,541	\$ 18,485,934	\$ 18,923,950	\$ 19,502,847	\$ 26,183,879	\$ 24,856,597
Non-SGF State Funds	1,675,178	83,066	275,707	149,864	120,684	120,684
Federal Funds	28,455,259	28,304,598	31,677,742	32,855,536	33,310,645	33,204,351
Total	\$ 47,278,978	\$ 46,873,598	\$ 50,877,399	\$ 52,508,247	\$ 59,615,208	\$ 58,181,632

Survey, Certification, and Credentialing Commission

Consequences of Not Funding this Program

Failure to fund these programs could result in no regulatory oversight of adult care homes in Kansas putting the elder residents they serve at risk for abuse, neglect and exploitation. Failure to fund backgrounds checks would impact the population previously mentioned as well as all of those individuals who are receiving intellectual, developmental or

Statutory Basis	Mandatory vs. Discretionary	MOE/Match Rqt.	Priority Level
Specific 42 CFR Parts 405, 431, 447, 482, 483, 485, 488, and 489. KSA Chapter 39 Article 9 Adult Care Home Statutes. KAR	Mandatory	Yes CMS	3

Program Goals

- A. Provide enforcement and oversight to ensure the requirements that Long-Term Care facilities must meet to participate in the Medicare and Medicaid program.
- B. Ensure compliance with statutory requirements for licensure of adult care homes and ongoing inspections/investigations of complaints related to allegations of Abuse Neglect and Exploitation
- C. Ensure compliance with statutory requirements for Criminal Record Check program and Nurse Aide registry as well as several health occupations curriculum, course approval and licensure/certification of these occupations

Performance Measures

Outcome Measures		Goal	FY 2019	FY 2020	FY 2021	3- yr. Avg.	FY 2022	FY 2023
SCCC Skilled Nursing Facility/NF	Average Number of months between surveys	A	13	13	16	14	16	16
HOC Background Checks	Number of Background Checks Processed	C	70,000	75,000	86,017	77,006	174,000	174,000
ACH State Licensed & Survey	Number of Surveys Exited	B	288	290	342	307	350	350

Funding

Funding Source	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
State General Fund	\$ 3,657,244	\$ 3,533,797	\$ 2,623,877	\$ 3,053,397	\$ 3,974,907	\$ 3,443,113
Non-SGF State Funds	764,496	1,260,132	1,232,513	1,128,535	1,833,578	1,836,633
Federal Funds	6,236,321	8,308,717	6,202,356	5,507,186	6,479,890	6,488,249
Total	\$ 10,658,061	\$13,102,646	\$10,058,746	\$ 9,689,118	\$12,288,375	\$11,767,995

State Hospital Commission

Consequences of Not Funding this Program

The State Hospital Commission provides general administrative support to the 4 state hospitals including joint purchasing efforts and risk management oversight. The SHC is leading efforts to implement a new Electronic Health Record system across the hospitals, overseeing implementation of regional hospital beds to serve adults in mental health crisis, and a pharmacy distribution system. These significant efforts would not be successful without the coordinating role of the SHC commission team to liaison among KDADS, Department of Administration, and the individual state hospital staff.

<u>Statutory Basis</u>	<u>Mandatory vs. Discretionary</u>	<u>MOE/Match Rqt.</u>	<u>Priority Level</u>
Specific KSA 76-12a01	Discretionary	No	1

Program Goals

A. Ensure state hospital budget submissions are integrated into the KDADS budget priorities and goals. safety and care practices.

C. Lead projects to modernize processes and implement technology solutions to improve and enhance critical processes, patient safety and clinical outcomes.

Program History

The State Hospital Commission was created on June 2, 2019 by the Secretary of the Kansas Department of Aging and Disability Services. The State Hospital Commission is responsible for providing leadership, guidance, direction, oversight, training and support to the five State Hospitals: Kansas Neurological Institute, Parsons State Hospital and Training Center, Larned State Hospital, Osawatomie State Hospital and Adair Acute Care on Osawatomie State Hospital's campus. The Commission provides day to day management and collaboration with Superintendents and executive staff at the State Hospitals, ensuring compliance with conditions of participation for certification with Centers for Medicaid and Medicare Services (CMS) and accreditation with the Joint Commission. Key programs administered by the Hospital commission include Medical liability insurance for physicians, Cost report preparation services, implementation and support of a pharmaceutical dispensing system, leading contract services and procurement for food service operations and contract nursing staff, project management related to implementing the state learning management system, and procuring a system wide electronic medical record system.

Performance Measures

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019</i>	<i>FY 2020</i>	<i>FY 2021</i>	<i>3- yr. Avg.</i>	<i>FY 2022</i>	<i>FY 2023</i>
Specific measures not defined. Refer to Individual State Hospitals							

Funding

<i>Funding Source</i>	<i>FY 2018</i>	<i>FY 2019</i>	<i>FY 2020</i>	<i>FY 2021</i>	<i>FY 2022</i>	<i>FY 2023</i>
State General Fund	\$ -	\$ -	\$ 1,438,352	\$ 588,254	\$ 9,763,795	\$ 2,728,438
Non-SGF State Funds	-	-	132,295	2,457,362	906,415	355,305
Federal Funds	-	-	129,755	72,219	-	-
Total	n/a	n/a	\$ 1,700,402	\$ 3,117,835	\$10,670,210	\$ 3,083,743