KDADS Updates on Requested Topics

Presentation to
The Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight
December 13, 2021

Updates on Requested Topics

Department for Aging and Disability Services

Laura Howard, Secretary

Kansas
Department for Aging and Disability Services

KDADS Updates on Requested Topics

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Secretary Laura Howard

Kansas
Department for Aging and Disability Services

Priorities and Issues

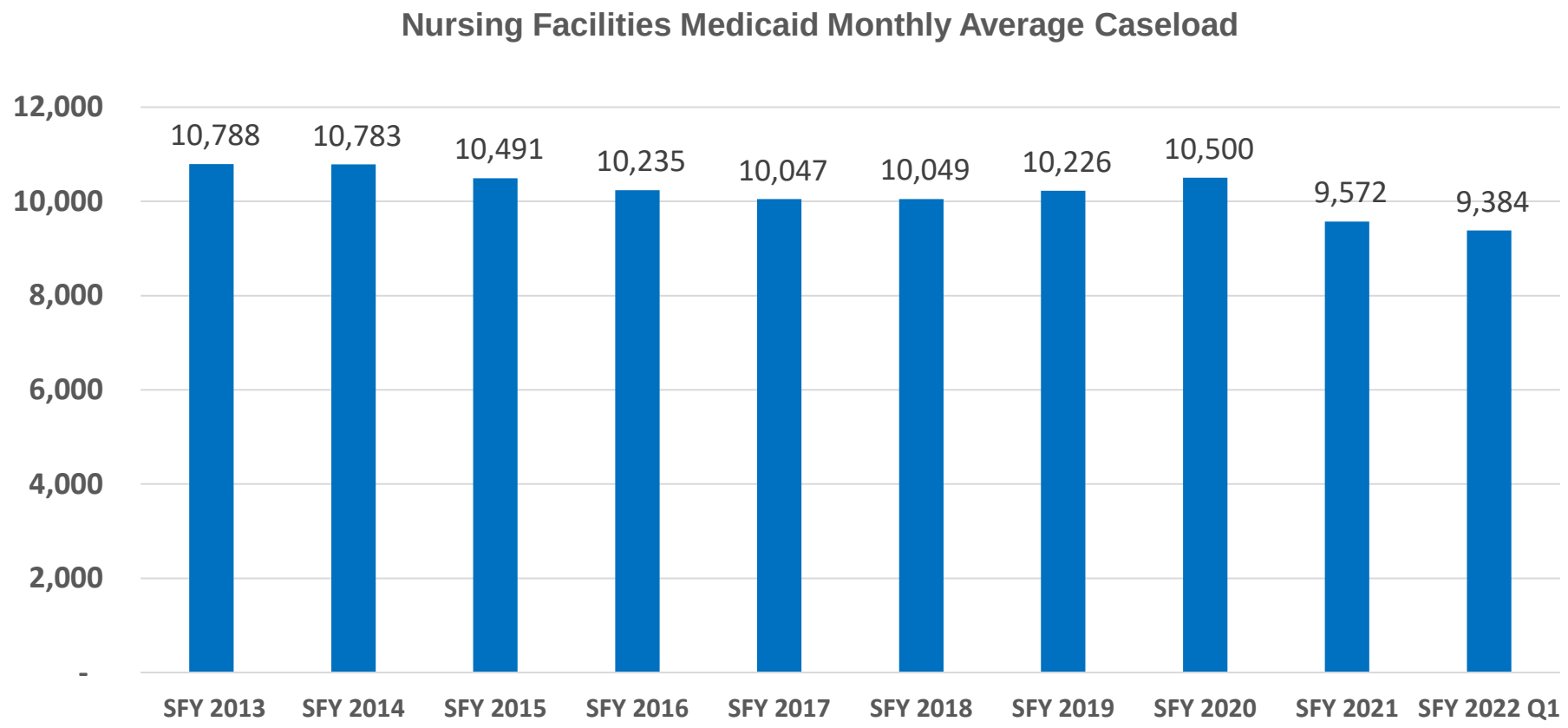
- ARPA HCBS 10% FMAP enhancement for Medicaid HCBS services – Narrative and Spending Plans submitted
- Implementation of Certified Community Behavioral Health Clinics (CCBHCs)
- Vaccine mandates – special session & court injunction
- 24/7 pay plan at state facilities

Nursing Facility Program

The Nursing Facility Program provides oversight of the following:

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

Nursing Facilities Medicaid Monthly Average Caseload



Kansas Department for Aging and Disability Services

Receiverships

- KDADS took 22 adult care homes into receivership due to insolvency or because life-threatening or endangering conditions existed at the facilities.

- The Receivership Statute was updated during the 2019 legislative session: K.S.A. 39-954.

- Of the twenty-two nursing facilities in receivership:
  - One facility closed in 2018, one sold in early 2019.
  - The fifteen Skyline facilities sold effective October 1, 2019.
  - One of the three Pinnacle Receivership facilities sold November 1, 2019.
  - One facility sold June 1, 2020.
  - One facility sold in August 2020.
  - A facility sold in February 2021.
  - One facility remains on the market for sale.

Home & Community Based Services

Home & Community Based Services (HCBS)

Amy Penrod, Commissioner, Long-Term Services & Supports

HCBS Waiver Enrollment—October 2021

HCBS Program	Number of People Eligible to Receive HCBS Services	Number of People on Wait List	Number of Proposed Recipients
Autism	57		352 (As of 010/31/2021)
Serious Emotional Disturbance (SED)	3,106		
Technology Assisted (TA)	639		
Frail Elderly (FE)	6,046		
Brain Injury (BI)*	797		
Intellectual and Developmental Disabilities (I/DD)	9,097	4,612	
Physical Disability (PD)	6,072	2,195	

Notes:

- Data as of November 17, 2021
- The HCBS Monthly Summary is posted under Monthly Waiver Program Participation Reports at http://kdads.ks.gov/commissions/home-community-based-services-(hcbs)

HCBS Waiver Projects in 2021/2022

In addition to the day-to-day management of the seven HCBS Waiver programs, KDADS continues to focus on the following initiatives :

- 10% FMAP Enhancement Projects
- Final Settings Rule Compliance
- Brain Injury Waiver Policies
- Autism Task Team
- Autism and SED Waiver Renewals (renews in 2022)

10% FMAP Enhancement Projects

KDADS is expected to draw down approximately $80.3 million in additional federal match for Home and Community Based Services (HCBS) which must be reinvested in HCBS-related initiatives.

- KDADS and KDHE submitted the initial spending plan to CMS on July 9, 2021.
- Received Conditional Approval notification on December 1, 2021.
  - Begin the process of drawing down the enhanced match funding retroactive to April 1, 2021.
  - Initiate implementation of approved projects.
- Projects focus on Workforce, Employment, and Access to Care.
- Highest priority project is Workforce Recruitment & Retention Bonus Program.
  - Engaging a vendor to provide administrative services support for the project.

HCBS Final Rule

Remediation

- Oct. 2020-March 2023
- Providers that have areas of non-compliance require remediation.
- As of June 1, 2022, all providers and settings are expected to have submitted remediation evidence.
- KDADS is committed to working with providers to come into compliance.

Heightened Scrutiny

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

Compliance

- As of November 30, 2021, over 60% of settings engaging with Community Connections have been deemed compliant.
- Outreach to providers offering technical assistance is ongoing.
- March 17, 2023: All settings in the State of Kansas must be compliant to continue to serve individuals through Medicaid HCBS

Ongoing Monitoring

- KDADS is developing a streamlined ongoing monitoring process to ensure Kansas maintains compliant settings.
- Additional updates will be provided as the project develops.

HCBS Final Rule

HCBS Final Settings Rule—Community Connections KS

- Community Connections is seeking opportunities to attend meetings, events, and conferences to continue outreach and education activities for the Final Settings Rule.

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

- Please visit the Community Connections website for Final Rule updates, remediation resources, and posts of past trainings: www.Communityconnectionsks.org

Brain Injury Waiver

Brain Injury Waiver Policy Workgroup

Key recommendations include:

- All waiver participants will start their services with a transition plan in place identifying their goals and the therapies and services needed to reach those goals. This will be part of the Person Centered Service Plan and will be reviewed every six months.
  - ✓ Scheduled for Q2 of 2022.
- A Services Review Team process will be established to review services for participants requiring a review of the needs of the waiver participant and program goals.
  - ✓ Pilot is underway with Services Review Team meetings to occur for pilot participants by January 31, 2022.
- Utilize a single evidence-based assessment to determine progress for all waiver participants. The Mayo-Portland assessment will be used to assist the service planning team to assess progress and rehabilitation needs.
  - ✓ Convening providers and MCOs to develop a timeline & procedure during Q1 of 2022.
- Alignment of the Physical Disability Waiver Personal Care Services (PCS) rates to equal the Brain Injury PCS rates.
  - ✓ Agency budget enhancement request has been submitted.
- Identify long-term waiver participants who have not utilized services and determine the need for transition.
  - ✓ MCOs have compiled and provided information and review by KDADS is currently underway.
- Continue stakeholder engagement to ensure program improvements meet the established goals.
  - ✓ KDADS will reconvene BI Workgroup after Services Review Team pilot to review results.

The additional datapoints required to be reported by HB 2007 can be found in the Appendix to this presentation.

Autism Task Team

Secretary Howard asked KDADS to work closely with KDHE and DCF to establish an Autism Task Team. A contract was secured with KHI in August to assist with facilitation.

The first meeting was held on August 31, 2021 and to date, the Autism Task Team has met eight times, with two additional meetings scheduled to finalize their report which will be delivered January 14, 2022.

The Autism Task Team, which will convene between August 2021-January 2022, is comprised of various professionals and those with personal experiences and is charged to develop recommendations to the Secretary for Aging and Disability Services on autism services in Kansas. The Kansas Health Institute, a nonpartisan and neutral educational organization, will be providing administrative support and facilitation services. KDADS need your assistance in asking, "how might we."

Administrative Case Management

Administrative Case Management provides eligibility and enrollment assistance to individuals who have been found functionally eligible for the Brain Injury, Physical Disability, and Frail Elderly waivers, as well as PACE.

- Administrative Case Management services launched statewide on May 1, 2020.

Administrative Case Management

CY 2021	# Unduplicated Served	# Units	# Hours
January	565	2,387	596.75
February	640	3,020	755.00
March	689	3,443	860.75
April	651	2,713	678.25
May	589	2,792	698.00
June	557	3,134	783.50
July	640	3,191	797.75
August	645	3,337	834.25
September	623	3,123	781.00
October	653	3,123	781.00
Total		30,263	7,566.25

Behavioral Health Services

Behavioral Health Services

Andy Brown, Commissioner, Behavioral Health Services

Psychiatric Residential Treatment Facilities

- Current MCO wait list as of 11/22/21 was 146, which is up 40 from the previous report.
  - Of the 146 individuals, 41 were in foster care which is up 17 from the previous report.
- Current number of PRTF licensed beds is 424. 121 of these beds are not being used by providers due mainly to staffing shortages. Current census is 303 total, of which 81 are foster care youth.
- KDADS has met with MCOs to explore ideas to help promote retention among PRTF staff.
- KDADS has completed the fiscal impact statement for the PRTF regulations and determined that a public hearing is not required.
- KDADS continues to meet with MCOs and DCF weekly to review individual cases on the wait list.
- All 3 MCOs continue to make good progress on connecting members to community services.

BHS New Section Creation

- In response to new program implementation and reorganization of programs within KDADS, BHS has created a new section to host three divisions:
    - CARE/PASRR, CCBHC, and Quality Assurance.
- The new section has also been able to create and hire positions to help oversee and run the programs:
    - Assistant Commissioner
    - Director of CARE/PASRR
    - CCBHC Program Manager
- In October 2021, the CARE/PASRR team transitioned from the Aging Commission to the Behavioral Health Services Commission.

CCBHC Updates

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

- BHS has hired 2 staff for the CCBHC Team and are in the process of hiring for the Rate Analyst position.

- KDADS finalized a billing code list and sent completed list to the CMHC's. Based on finalized billing codes, CMHC's were provided Rate Analysis training on December 2nd, 2021. KDADS continues to in partnership with KDHE and Mercer towards this effort.

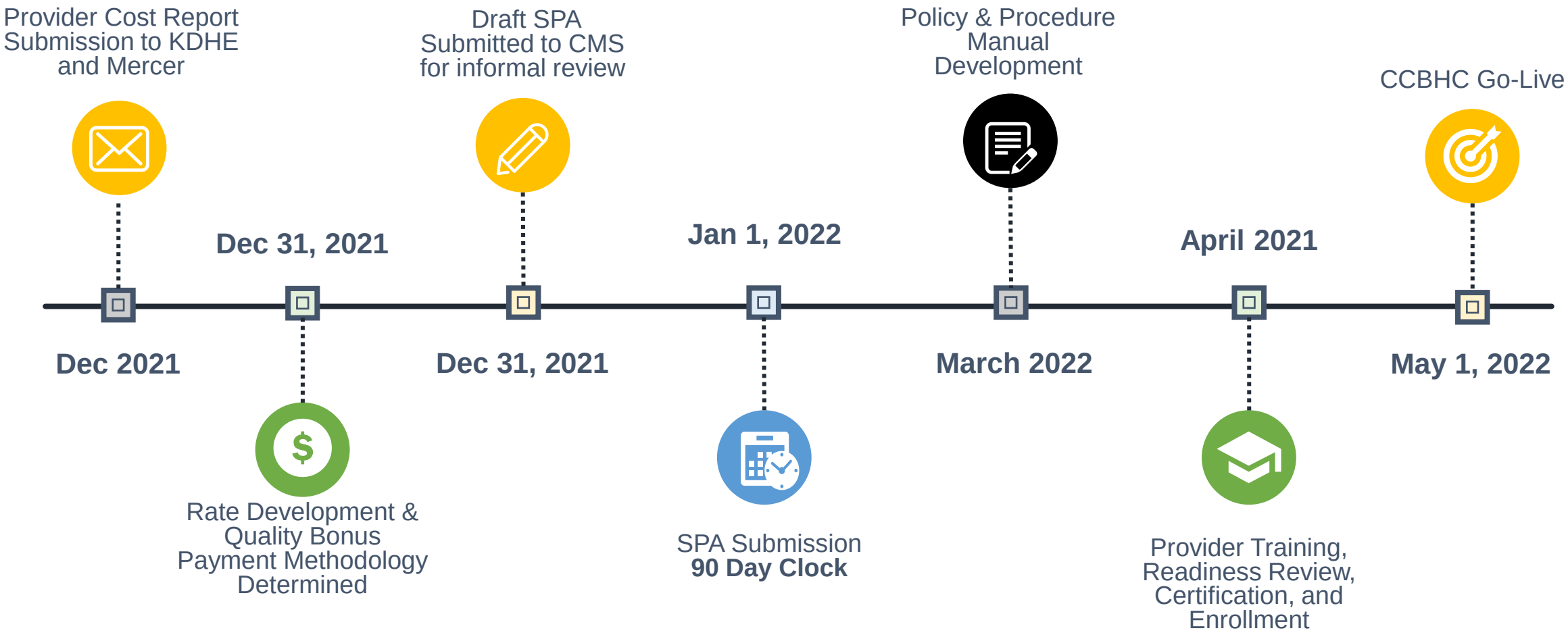
- KDADS has identified 6 CMHC's to receive CCBHC preparation grants. CMHC's were awarded up to $400,000 each for CCBHC readiness efforts.

- KDHE and KDADS have begun drafting MMIS policies for CCBHCs.

CCBHC Updates

- KDADS and KDHE have submitted a State Plan Amendment that was forwarded to CMS for informal review.
- KDADS created a draft for the CCBHC Application the CMHC's will use to apply for certification as a CCBHC.
- SAMHSA has provided Kansas with a technical assistance opportunity through the National Council of Mental Wellbeing to assist the state in implementing CCBHCs.
- KDADS and KDHE meet weekly with ACMHCK to prepare for CCBHC certification.

Kansas CCBHC Timeline



Client Assessment Referral and Evaluation (CARE)

Pre-Admission Screen and Resident Review (PASRR)

All individuals that will enter a Kansas Medicaid certified nursing facility are required per federal law of PASRR 42 CFR 483.100 – 483.138 to have a PASRR on file before the admission to the nursing facility.

Currently the PASRR is imbedded into the Level I CARE assessment, this assessment tool and is used for two reasons;

To determine Medicaid eligibility with a score produced from the assessment for Medicaid clients; and

To determine if a person will trigger a level II PASRR evaluation. The level II PASRR evaluation is a more intense evaluation, this is a person-centered tool to determine if the person with severe and persistent mental illness (SPMI) or Intellectual and Developmental Disabilities or Related Conditions (IDD/DD/RC) needs nursing facility level of care or if their needs can be meet in the community. The overall purpose of PASRR being placement in the least restrictive environment possible.

Client Assessment Referral and Evaluation (CARE)

Pre-Admission Screen and Resident Review (PASRR)

- The CARE team consists of the following positions:
  - CARE Program Manager (1)
  - CARE Specialist (3)
- From October 2021 to December 2021 the CARE team has completed the following level II evaluations:

49 First time level II evaluations for SPMI
04 First time level II evaluations for IDD/DD/RC
03 Resident Reviews for level II clients already in the nursing facility for SPMI
00 Resident Reviews for IDD/DD/RC
23 Currently in Process
04 canceled did not meet criteria for a level II

Agreement - Nursing Facilities for MH

- KDADS has been able to hire an NFMH Administrator to manage all aspects related to the agreement as well an Informed Choice Trainer to assist with updating manuals and program materials for education to internal and external partners.

- Currently working through multiple RFP items specific to case management, assertive community treatment (ACT), and individual placement and support services (IPS).

- Plan to present information to the ACMHCK (Association of Community Mental Health Centers of Kansas) next week with outline of how this agreement effects the behavioral health system in Kansas, as well as how it integrates with the CCBHC implementation.

- KDADS facilitated its first quarterly meeting with DRC and external parties on October 26th 2021 with clear expectation of standards and procedures moving forward. KDADS is in the process of establishing baseline data and internal procedures to assess measurements prior to our 2nd quarterly meeting in January 2022.

Survey, Certification & Credentialing

Survey, Certification & Credentialing
Scott Brunner, Deputy Secretary of Hospitals & Facilities

Long Term Care Staffing

Regulations

Under the authority of the Emergency Declaration and Executive Orders through June 16, 2021:

Allowed Temporary Aides to work providing resident care with 8 hours of training.

Allowed Certified Nurse Aide trainees to use work experience for some practical experience.

- Hours worked as a nurse aide Trainee II* satisfied the requirement for 25 hours of supervised clinical instruction in Part II of the CNA course after completing the first 20 hours of didactic training in Part I.

Extended deadline to complete required professional training for 2020 until June 30, 2021

Allowed temporary credentials for people previously licensed by KDADS.

- Upon application, could temporarily reactivate a license that had been issued after March 12, 2015. The temporary credentials expired 90 days after the end of the Emergency Declaration

Allowed temporary license for persons who are currently licensed in the United States by another state besides Kansas. This will occur for persons whose license was/is active and in good standing prior to March 12, 2020.

Long Term Care Staffing

Regulations

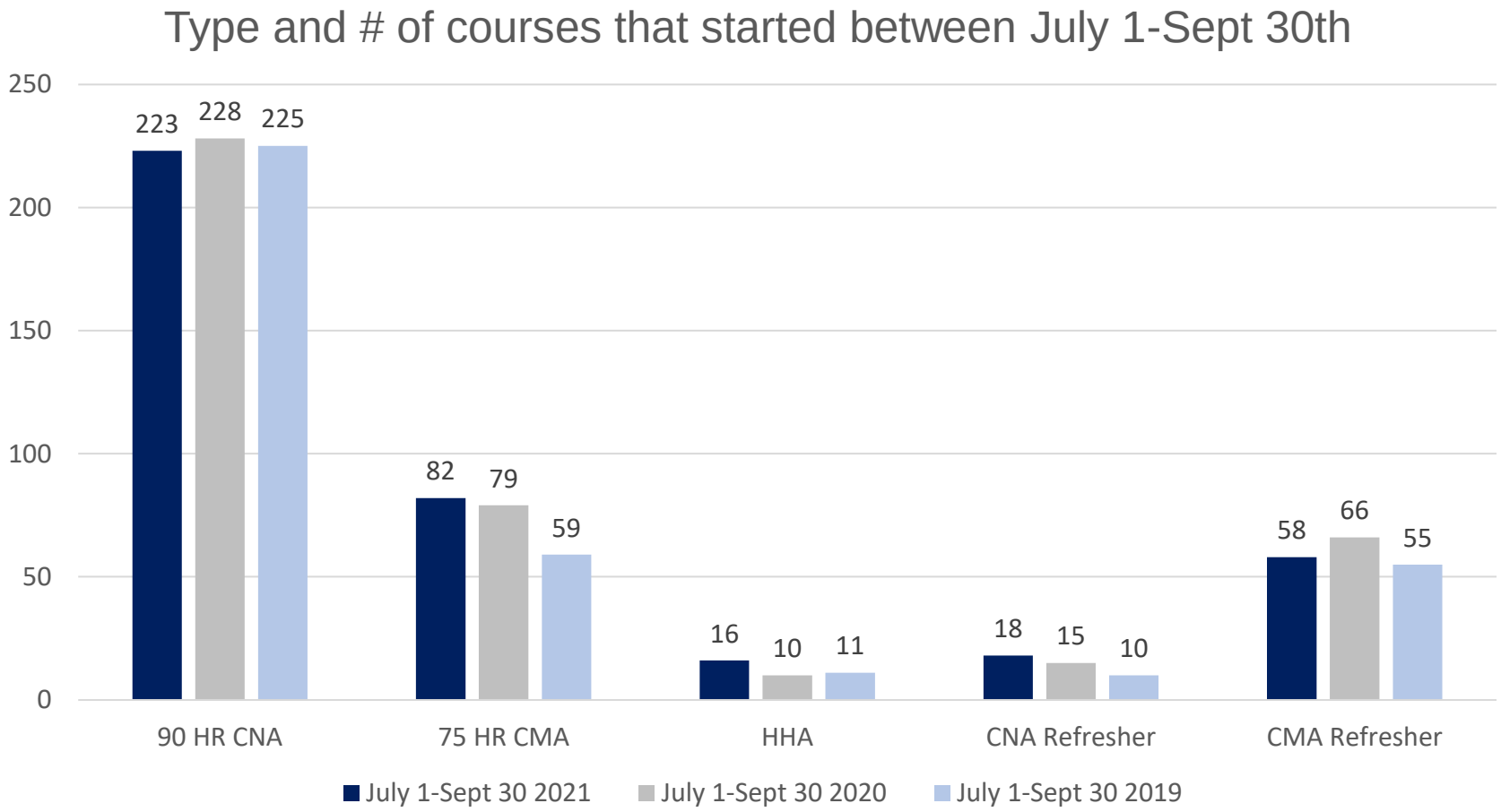
The two exceptions listed below are authorized for CNA/CMA courses that started on or before January 1,2022.

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

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

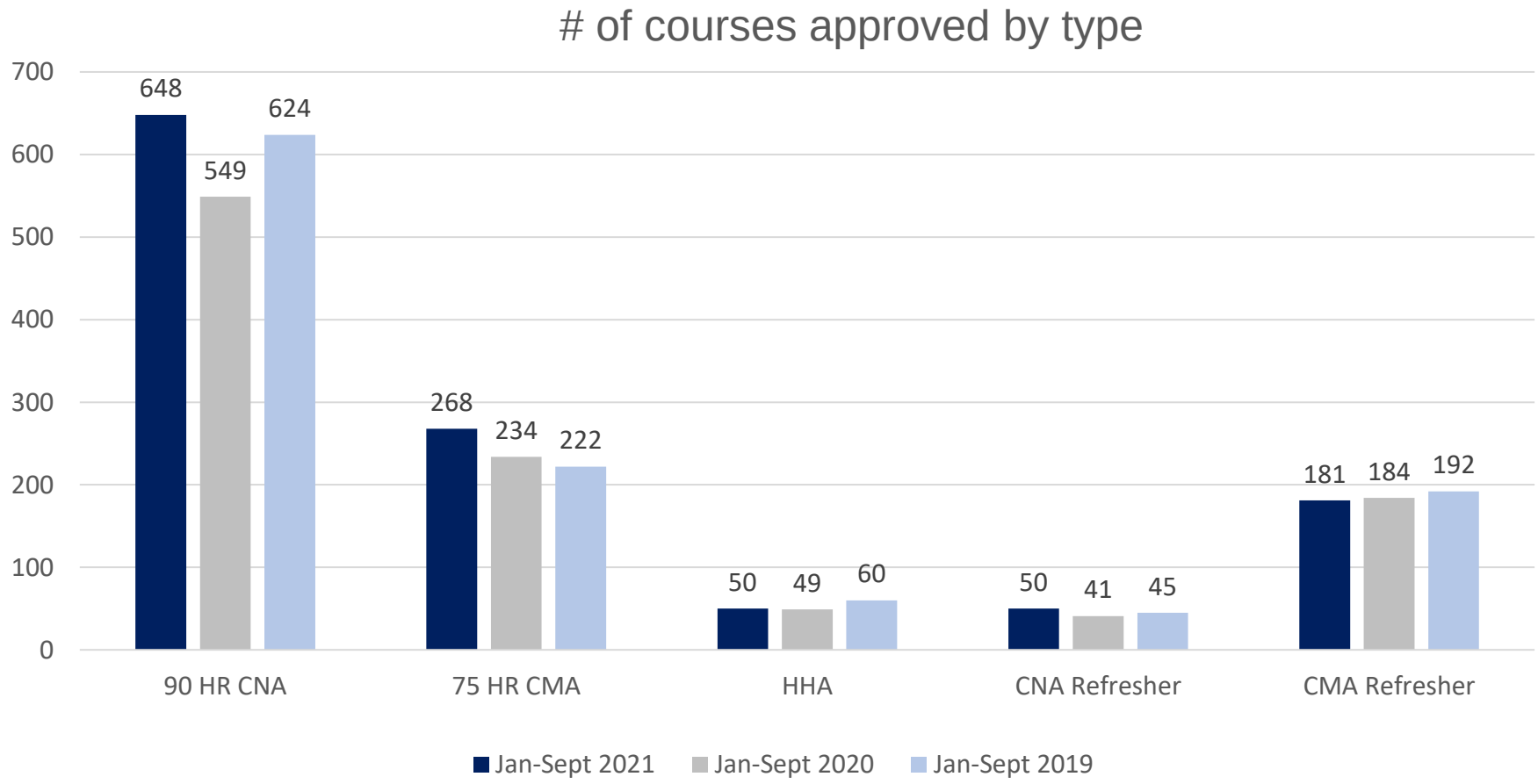
These exceptions will be granted on a case-by-case basis and only if the no clinical sites are available. The sponsor of the course needs to make sure all clinical sites options have been exhausted.

of CNA/CMA/HHA Courses Based on Start Date



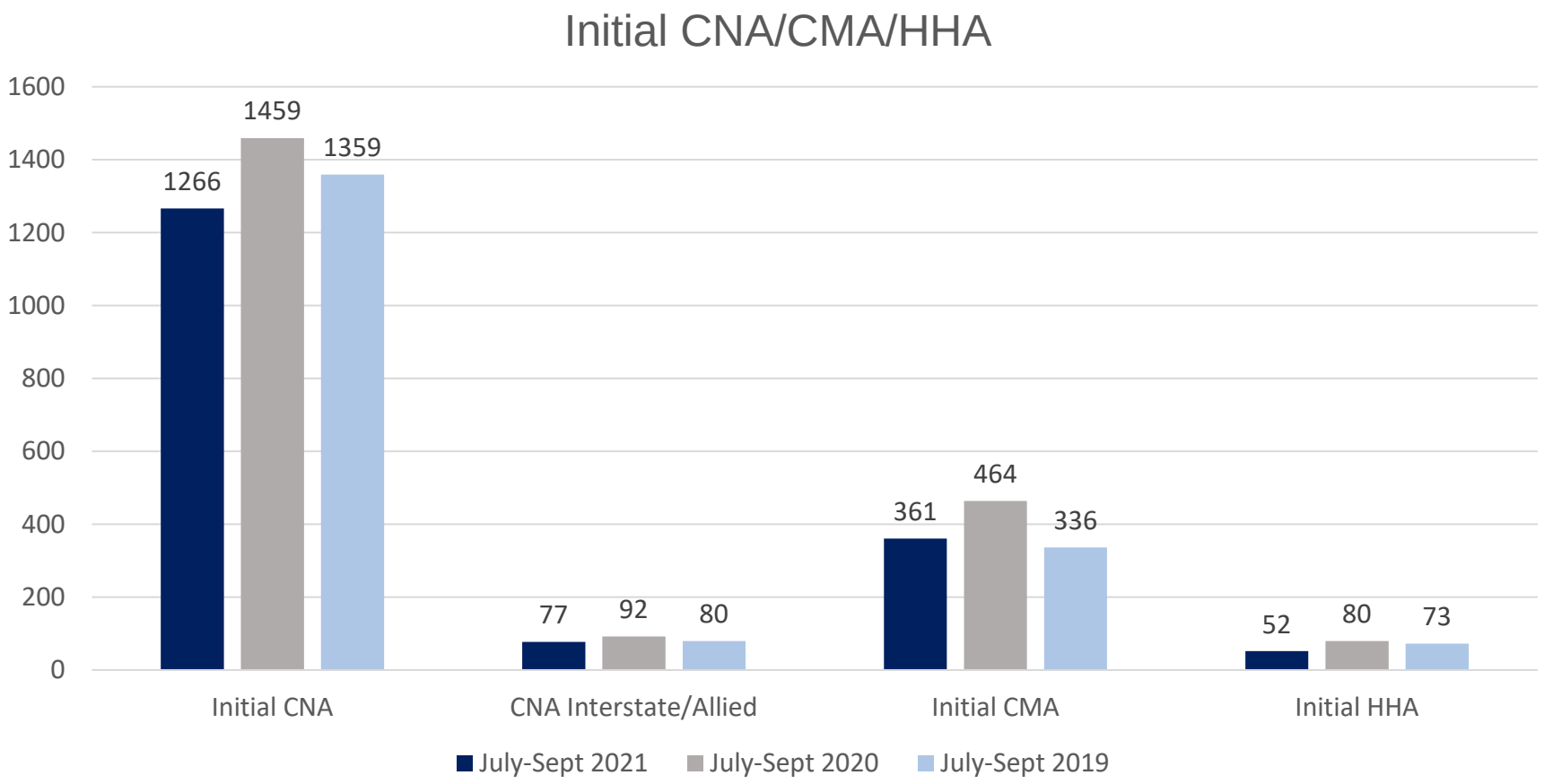
Kansas Department for Aging and Disability Services

Yearly Comparison
Based on # of Courses Approved by Start Date



Kansas Department for Aging and Disability Services

Initial CNA/CMA/HHA Certification between July-Sept



Kansas Department for Aging and Disability Services

MCO Efforts to Reduce Antipsychotic Misuse in Kansas

Percent of Long-Term Stay Nursing Home Residents Receiving an Antipsychotic Medication, Excluding those Residents Diagnosed with Schizophrenia, Huntington's Disease, or Tourette's Syndrome

	Aetna			Sunflower			United		
	Receiving an Antipsychotic	NF or NFMH Eligibility	%	Receiving an Antipsychotic	NF or NFMH Eligibility	%	Receiving an Antipsychotic	NF or NFMH Eligibility	%
20Q1	329	2,636	12.48%	441	3,575	12.34%	545	4,606	11.83%
20Q2	335	2,705	12.38%	432	3,524	12.26%	527	4,608	11.44%
20Q3	350	2,782	12.58%	413	3,508	11.77%	573	4,677	12.25%
20Q4	342	2,699	12.67%	404	3,331	12.13%	533	4,506	11.83%
CY2020 Total	**1,356**	**10,822**	**12.53%**	**1,690**	**13,938**	**12.13%**	**2,178**	**18,397**	**11.84%**
20Q1	327	2,607	12.54%	373	3,073	12.14%	515	4,166	12.36%
20Q2	385	2,708	14.22%	380	3,011	12.62%	545	4,168	13.08%
20Q3	370	2,772	13.35%	410	2,987	13.73%	581	4,119	14.11%
20Q4	327	2,607	12.54%	373	3,073	12.14%	515	4,166	12.36%
CY2021 Total	**1,082**	**8,087**	**13.38%**	**1,163**	**9,071**	**12.82%**	**1,641**	**12,453**	**13.18%**

The KanCare MCOs have a pay for performance measure tied to reducing inappropriate antipsychotic drug use in Nursing Facilities.

Long Term Care Surveys

- Nursing Facilities
  At this time survey activity for certified nursing facilities includes:
  - Federal Infection Control Surveys as outlined in QSO Memo 20-31 All
    - Complaint investigations that are triaged as Immediate Jeopardy, Non-Immediate Jeopardy-High or Non-Immediate Jeopardy Medium
  - Special Focus Facility recertification surveys; and Initial Certification Surveys
  - Recertification surveys in facilities where it has been over 15 months since the last standard survey
  - Onsite revisits for surveys with end dates on, or after June 1, 2020

- State Licensed Only Adult Care Homes
  - Annual Licensure Surveys
  - Complaint investigations that are triaged as Immediate Jeopardy, Non-Immediate Jeopardy-High or Non-Immediate Jeopardy Medium
  - On-site Revisits
  - Initial Licensure Surveys

COVID-19 Priorities & Issues

Testing

Testing Update from CMS September 10, 2021, included in revised QSO Memo 20-38-NH

- Revised COVID-19 staff testing is based on the facility's county level of community transmission instead of county test positivity rate. The frequency of testing has also been updated.

- Facilities now have two options to conduct outbreak testing, through either a contact tracing or broad-based testing approach.

COVID-19 Priorities & Issues

CMS issued QSO Memo 22-04-ALL on 12/02/2021

The Centers for Medicare & Medicaid Services (CMS) will not enforce the new rule regarding vaccination of health care workers or requirements for policies and procedures in certified Medicare/Medicaid providers and suppliers (including nursing facilities, hospitals, dialysis facilities and all other provider types covered by the rule) while there are court-ordered injunctions in place prohibiting enforcement of this provision.

COVID-19 Priorities & Issues

Batelle Program Overview

Our mission is to:

- Help **schools safely** reopen and **remain open**,
- **Reduce** the opportunities for transmission in non-healthcare congregate settings, and,
- **Reach** Midwestern **communities** that are underserved or have limited access to testing.

Our goal is to:

- Help keep everyone safe by making testing **easy, effective,** and **accommodating**.

Which states can use the Coordination Hub?

If your school district or facility is located in any of the highlighted Midwestern states, you can request to use the coordination center testing.

What does it cost?

Testing under the HHS program is **free** including sample collection supplies and shipping materials.

How does it work?

The Coordination Center provides the services needed to ensure that COVID-19 diagnostic testing is completed accurately and efficiently. Here's what each entity will do:

Coordination Center

- Registers facilities
- Pairs facilities with partner testing labs
- Provides training and customer support on program participation
- Coordinates distribution of sample collection and shipping supplies
- Coordinates reporting of results to individuals, schools and facilities

Schools and Congregate Settings

- Develops local testing plan
- Obtains testing consents and authorizations to release test results (with the help of the Coordination Center Guardian/Resident portal, if desired)
- Coordinates sample collection and sends samples for testing
- Takes action based on screening and individual results

Partner Testing labs

- Provides sample collection supplies
- Receives and tests samples
- Reports results to Coordination Center and public health authorities

Kansas Department for Aging and Disability Services

COVID-19 Priorities & Issues

Visitation Guidance Updated 11/22/2021

Facilities must allow indoor visitation at all times and for all residents as permitted under the regulations. While previously acceptable during the PHE, facilities can no longer limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits.

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

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

While not recommended, residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors. In these cases, visits should occur in the resident's room and the resident should wear a well-fitting facemask (if tolerated). Before visiting residents, who are on TBP or quarantine, visitors should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident. Visitors should adhere to the core principles of infection prevention. Facilities may offer well-fitting facemasks or other appropriate PPE, if available; however, facilities are not required to provide PPE for visitors.

COVID-19 Priorities & Issues

Visitation Guidance Updated 11/22/2021

If the adult care home's county COVID-19 community level of transmission is at a substantial or high level, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, at all times.

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

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

State Hospitals

State Hospitals

Scott Brunner, Deputy Secretary of Hospitals & Facilities

Staff Recruitment & Retention

Governor's pay plan- Raise the base pay rates for nursing staff at the state hospitals. Aligned with other 24/7

The pay plan includes the following for state employees:

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

State of Kansas: 24/7 Facility Staff Pay Plan (Hourly Employees)

Differential Four 24/7 Facilities Designated as "Critical Staffing Levels"	Temporary *(as designated)*	$2.50 per Hour for all 24/7 Facility Staff with 25% Vacancy Level (or Higher) Employees Impacted: 2,381*	**Cost (FY22)** $8.31M*	**Cost (FY23)** $14.41M*
Differential Three All 24/7 Facility Nursing Staff	Temporary	$4.50 per Hour for all 24/7 Nursing Staff Employees Impacted: 349*	**Cost (FY22)** $2.23M*	**Cost (FY23)** $3.87M*
Differential Two All KDOC Uniformed Security Staff	Temporary	$2.00 per Hour for all KDOC Uniformed Security Staff & Security Staff at LSH Employees Impacted: 1,933*	**Cost (FY22)** $5.88M*	**Cost (FY23)** $10.19M*
Differential One All 24/7 Facility Staff	**Temporary**	$1.50 per Hour for all 24/7 Facility Staff Employees Impacted: 4,138*	**Cost (FY22)** $9.88M*	**Cost (FY23)** $17.12M*
Base Pay Increase	**Permanent**	**Base Pay Increases for ALL KDOC-specific Job Classes and 24/7 Nursing Staff** **Employees Impacted: 2,407***	**Cost (FY22)** $6.53M*	**Cost (FY23)** $11.49M*

Rev: 11/23/21

***Estimate**

State of Kansas: 24/7 Facility Staff Pay Plan (Salaried Employees)

Bonuses	**One-Time**	**$3,500 Bonuses for <u>ALL</u> Salaried Employees at 24/7 Facilities** **Employees Impacted: 331***	**<u>Cost (FY22)</u>** $1.62M*	**<u>Cost (FY23)</u>** N/A

Note: Rather than providing hourly differentials for salaried employees, the State of Kansas has determined that bonuses are the appropriate solution in order to avoid any potential issues with Federal Fair Labor Standards Act (FLSA) law. State law limits the amount of bonuses that can be paid to an employee in a single Fiscal Year. Governor Kelly's plan recommends the maximum bonus for salaried staff that is allowed under the current law.

Rev: 11/23/21

***Estimate**

24/7 Facility Pay Plan Example: *Mental Health/Developmental Disability Technician (MHDDT)*

Pay Example: MHDDT

Differential Four 24/7 Facilities Designated as "Critical Staffing Levels"	Temporary *(as designated)*	$2.50 per Hour for all 24/7 Facility Staff with 25% Vacancy Level (or Higher)	**$2.50 per Hour**
Differential Three All 24/7 Facility Nursing Staff	Temporary	$4.50 per Hour for all 24/7 Nursing Staff	**N/A**
Differential Two All KDOC Uniformed Security Staff	Temporary	$2.00 per Hour for all KDOC Uniformed Security Staff & Security Staff at LSH	**N/A**
Differential One All 24/7 Facility Staff	**Temporary**	$1.50 per Hour for all 24/7 Facility Staff	**$1.50 per Hour**
Base Pay Increase	**Permanent**	**Base Pay Increases for ALL KDOC-specific Job Classes and 24/7 Nursing Staff**	**Starting Salary** **MHDDT** **$16.16 per hour**

New Net Hourly Rate
MHDDT
$20.16 per hour

Rev: 11/23/21

***Estimate**

24/7 Facility Pay Plan Example: *Registered Nurse*

Pay Example: Registered Nurse

Differential Four 24/7 Facilities Designated as "Critical Staffing Levels"	Temporary *(as designated)*	$2.50 per Hour for all 24/7 Facility Staff with 25% Vacancy Level (or Higher)	**$2.50 per Hour**
Differential Three All 24/7 Facility Nursing Staff	Temporary	$4.50 per Hour for all 24/7 Nursing Staff	**$4.50 per Hour**
Differential Two All 24/7 Uniformed Security Staff	Temporary	$2.00 per Hour for all KDOC Uniformed Security Staff & Security Staff at LSH	**N/A**
Differential One All 24/7 Facility Staff	**Temporary**	$1.50 per Hour for all 24/7 Facility Staff	**$1.50 per Hour**
Base Pay Increase	**Permanent**	**Base Pay Increases for ALL KDOC-specific Job Classes and 24/7 Nursing Staff**	**Starting Salary** **Registered Nurse** **$30.80 per hour**

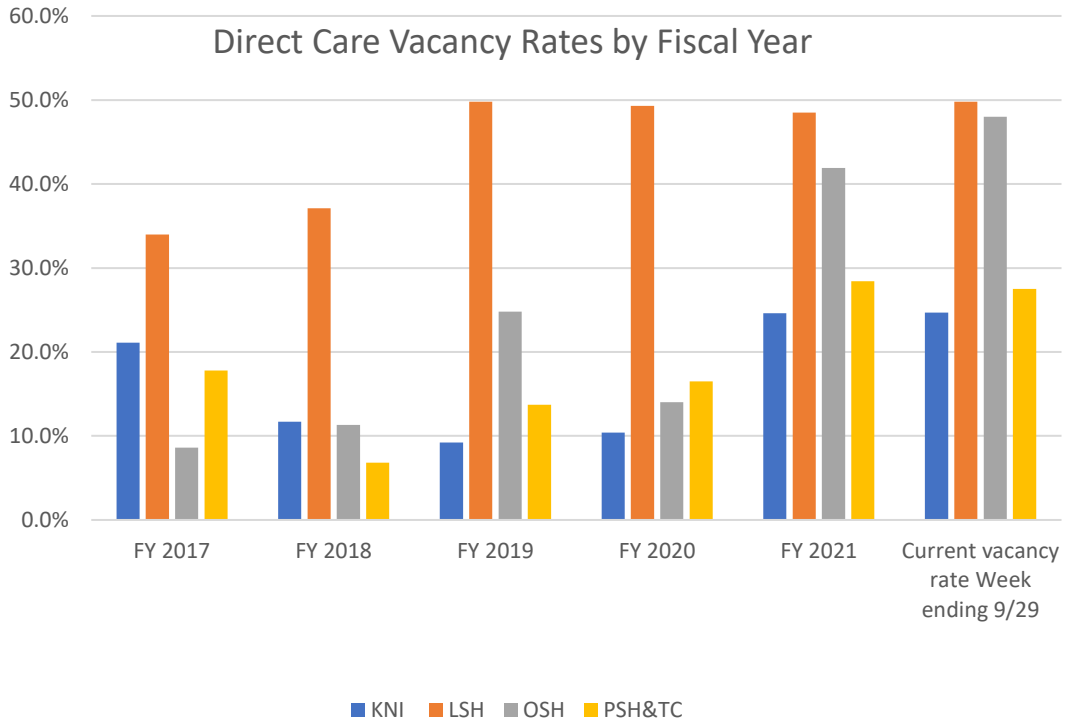
New Net Hourly Rate
Registered Nurse
$39.30 per hour

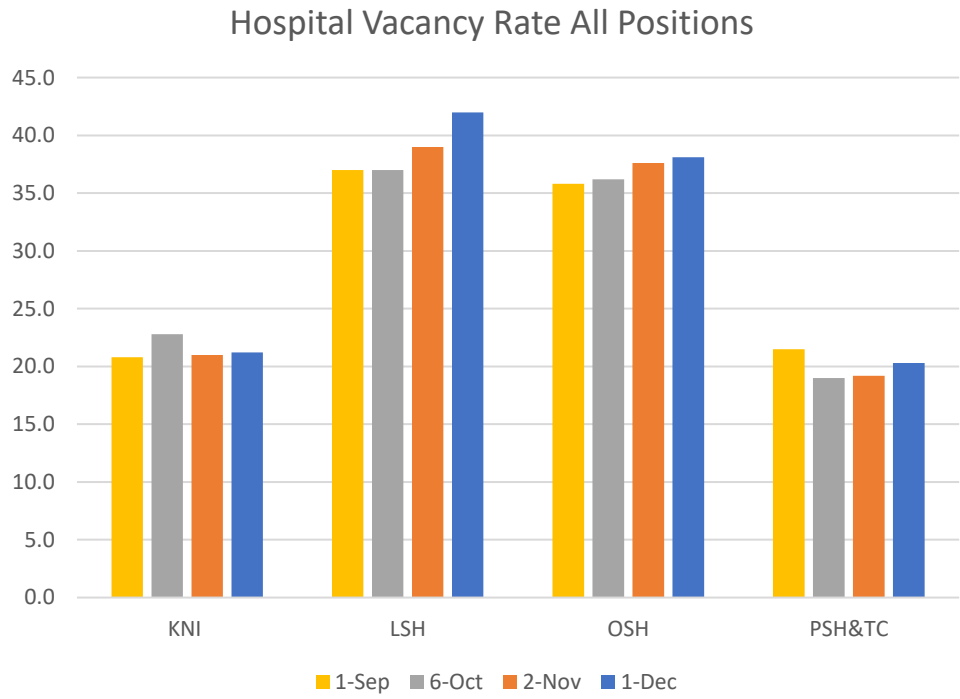
Rev: 11/23/21

***Estimate**

Recruiting and Retaining Staff

State Hospital Staffing





Kansas Department for Aging and Disability Services

Lifting the Moratorium

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

- Focused on enrolling community hospitals as SIA providers through Medicaid.
  - 8 hospitals are approved to be SIAs.
  - 5 SIAs have enrolled with Medicaid (6 locations)
  - 6 SIAs have contracted with HealthSource Integrated Services for uninsured patients. (7 locations)
  - 6 SIAs are accepting admissions.
  - 2 additional hospitals are planning to submit applications to be an SIA.

- Described the updated process to law enforcement by state hospital catchment areas in November.

Lifting the Moratorium (continued)

FY 2021 Approved Budget includes $2.0 million, including $1.5 million from the State General Fund, to increase licensed beds at the Adair Building by 14.

The Approved Budget also includes $5.3 million from the State Institutions Building Fund in FY 2021 to renovate the Biddle Building to become CMS Certified space.

B2 Remodel:

- Demolition is complete and construction is nearly finished.
- Expected date to occupy renovated space is late October 2021.
- The finishing date is pushed back due to back order of patient room doors.

East Biddle Remodel:

- Schematic design drawings are 95% complete.
- Design and plans are being released for construction bids before the end of September. Construction is scheduled to begin in November 2021.
- Current projected date to occupy renovated space is January 2023.

State Institution Alternatives

Cottonwood Springs	Olathe
KVC Hospitals - Kansas City	Kansas City
KVC Hospitals - Wichita	Wichita
Newton Medical Center (NMC)	Newton
Prairie View, Inc.	Newton
South Central Kansas Medical Center	Arkansas City
Via Christi	Wichita
Anew Health (coming soon)	Shawnee

Utilization Through August 30 through December 3, 2021:

95 adults

270 children

KDADS Updates on Requested Topics

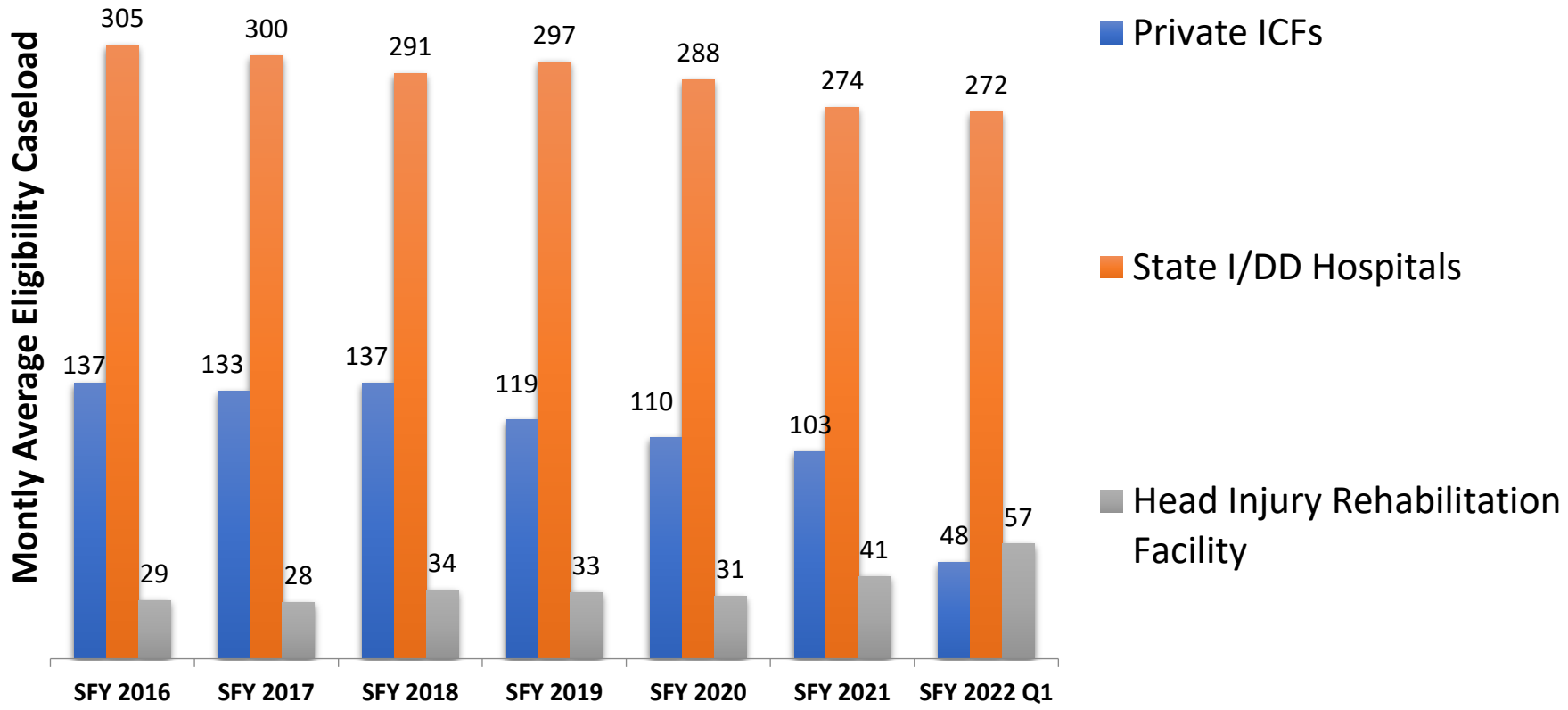
QUESTIONS?

Appendix

Savings Resulting from Transfers to HCBS

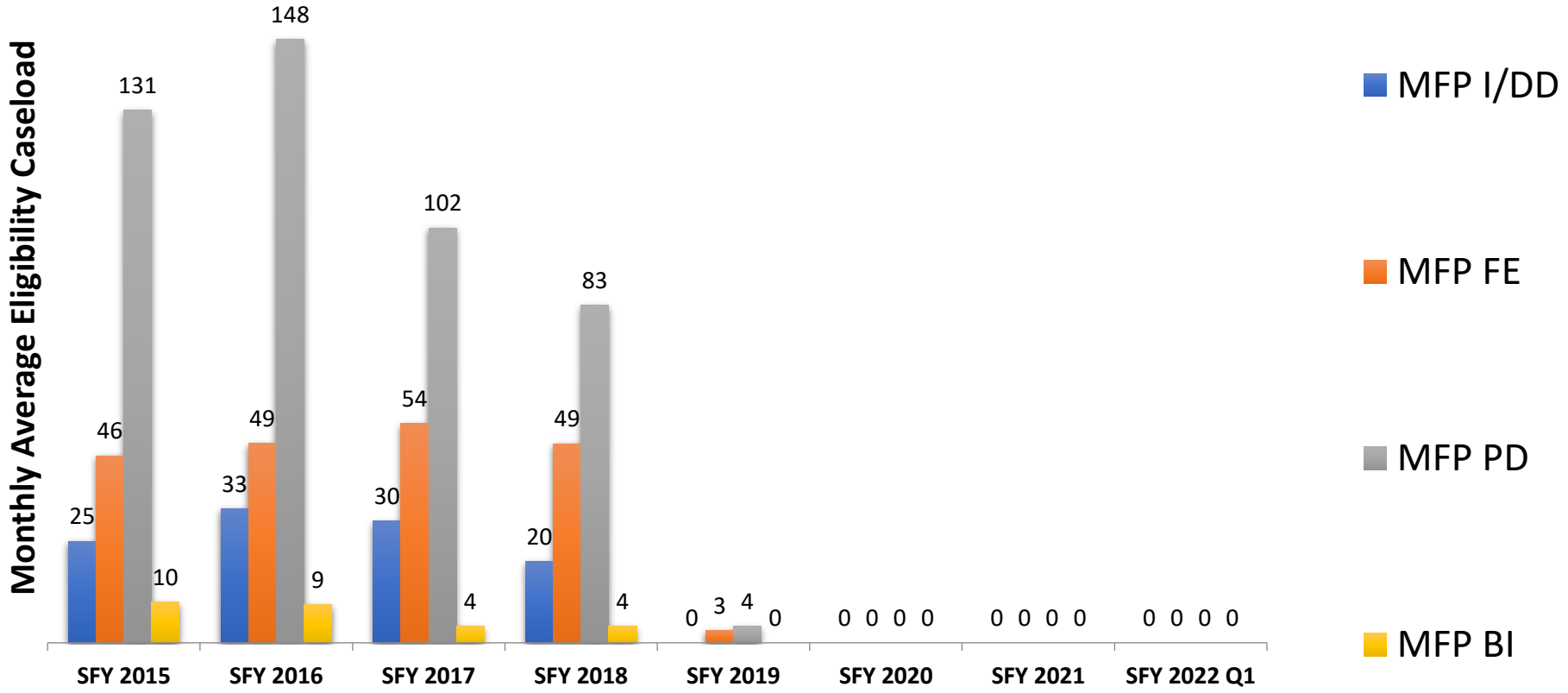
- In most, but not all cases, services provided in the community do cost less than those provided in an institutional setting such as an ICF/IDD or a nursing facility.
- However, “savings” are only realized if a bed is closed behind the person transferring to HCBS.
- Due to demand, beds are typically refilled by individuals requiring the level of care provided by the facilities, therefore, the beds are not closed.
- As certified by the Secretary for Aging and Disability Services, despite individuals moving into community settings that does have the effect of cost avoidance, the savings resulting from moving the individuals to home and community based services, as of September 30, 2021, was $0.
- 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.

Average Monthly Caseload for ICFs And Head Injury Facilities



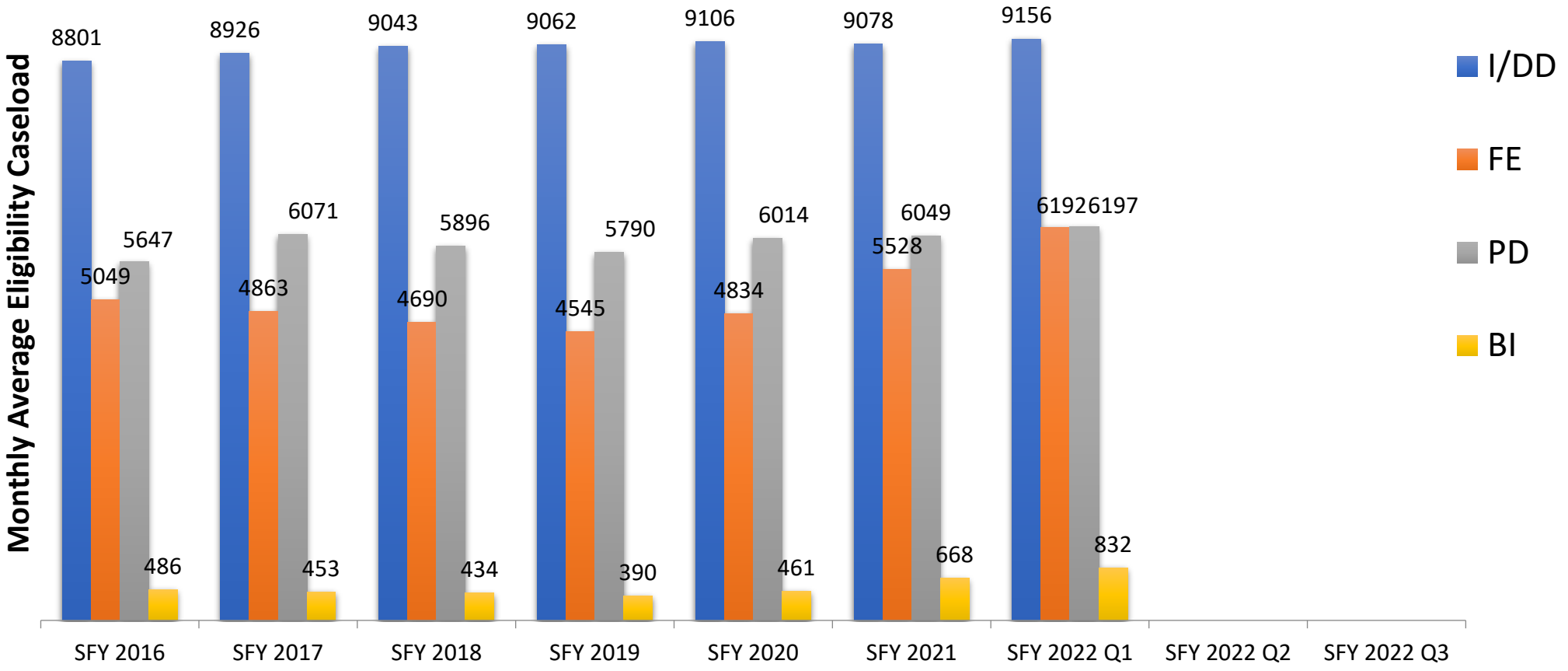
Kansas Department for Aging and Disability Services

Number of Persons Transitioned on Money Follows the Person (MFP)



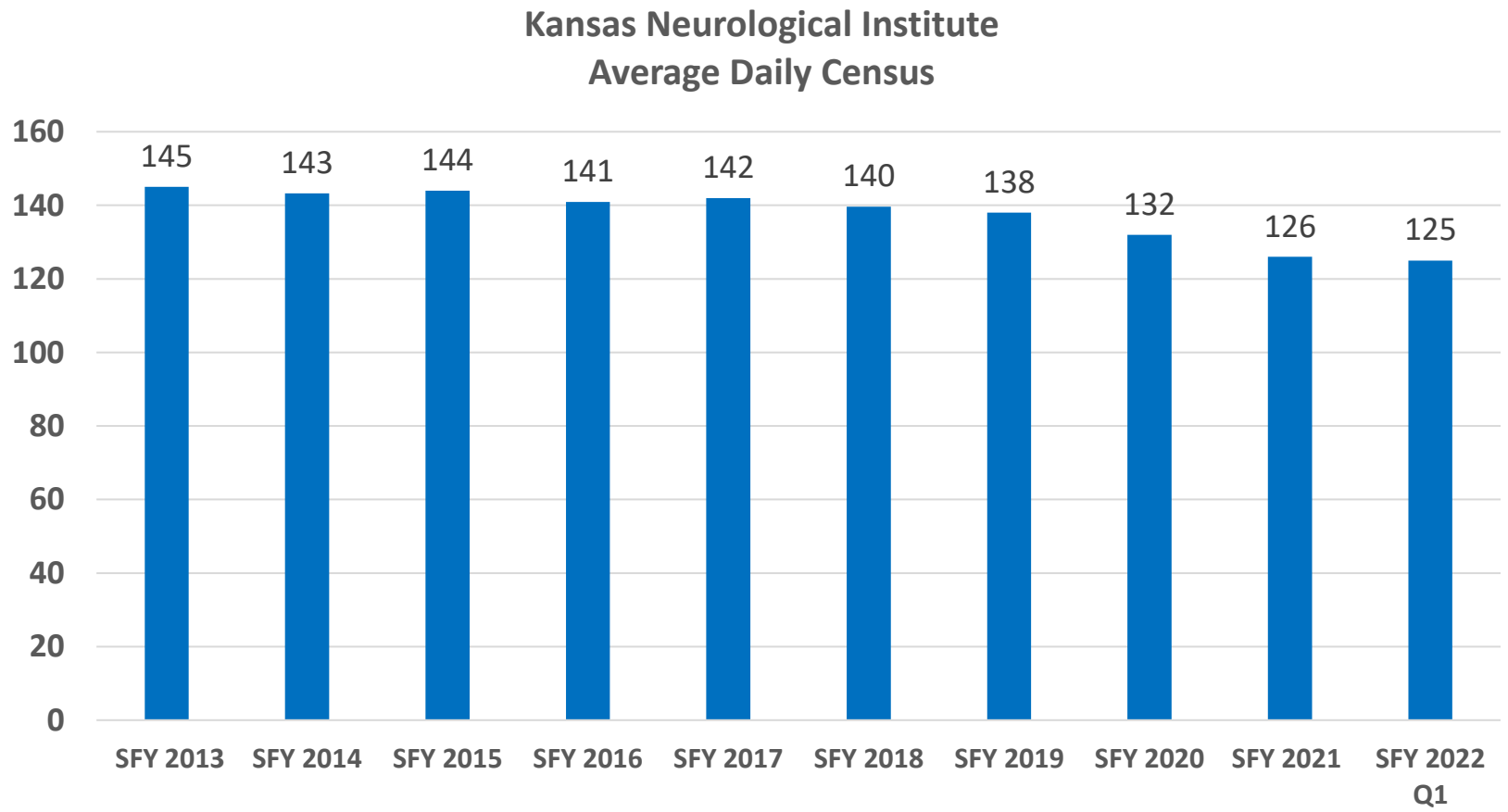
Kansas Department for Aging and Disability Services

Average Monthly Caseload for HCBS IDD/PD/FE/BI Services



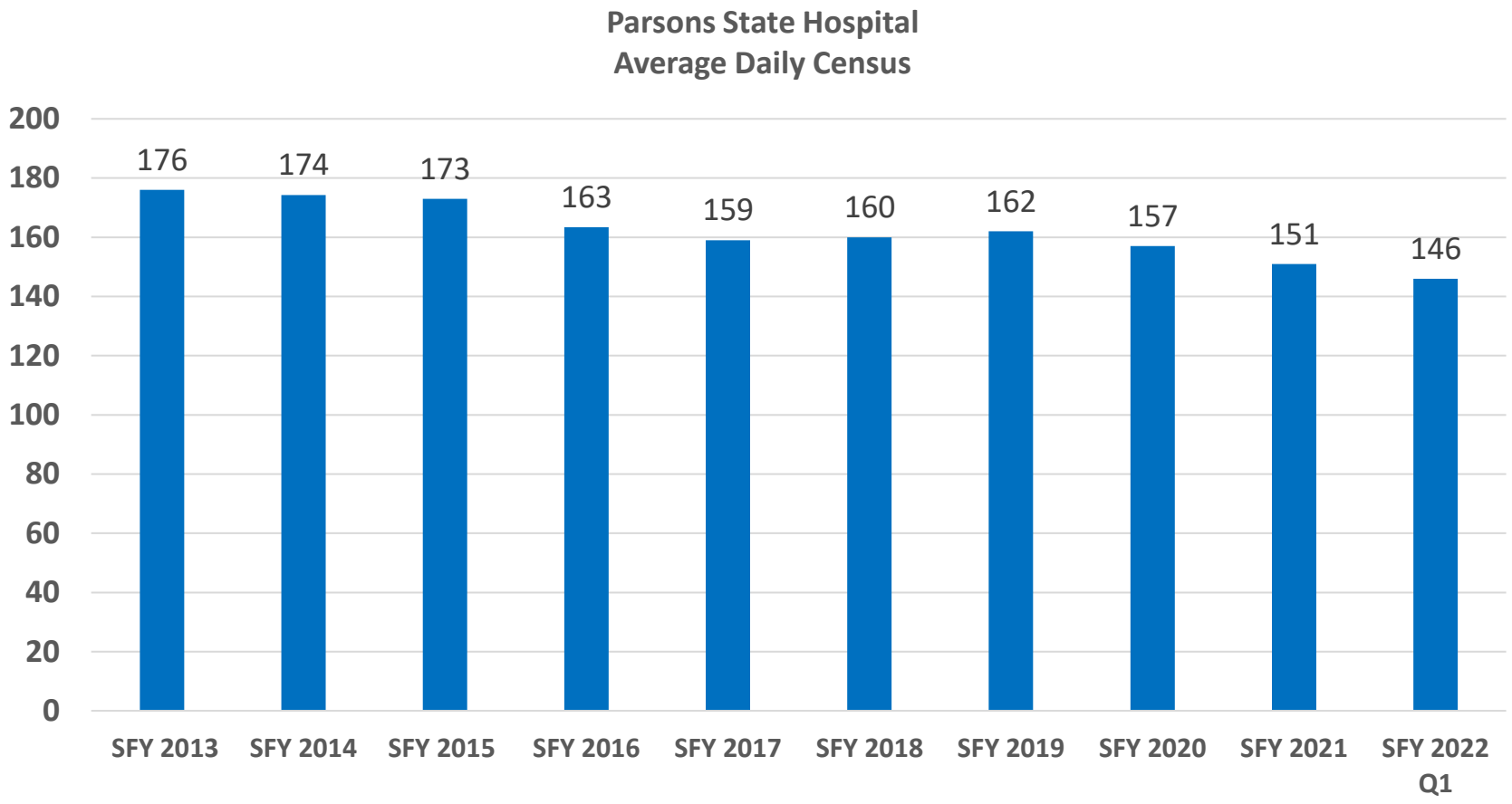
Kansas Department for Aging and Disability Services

KNI Average Daily Census



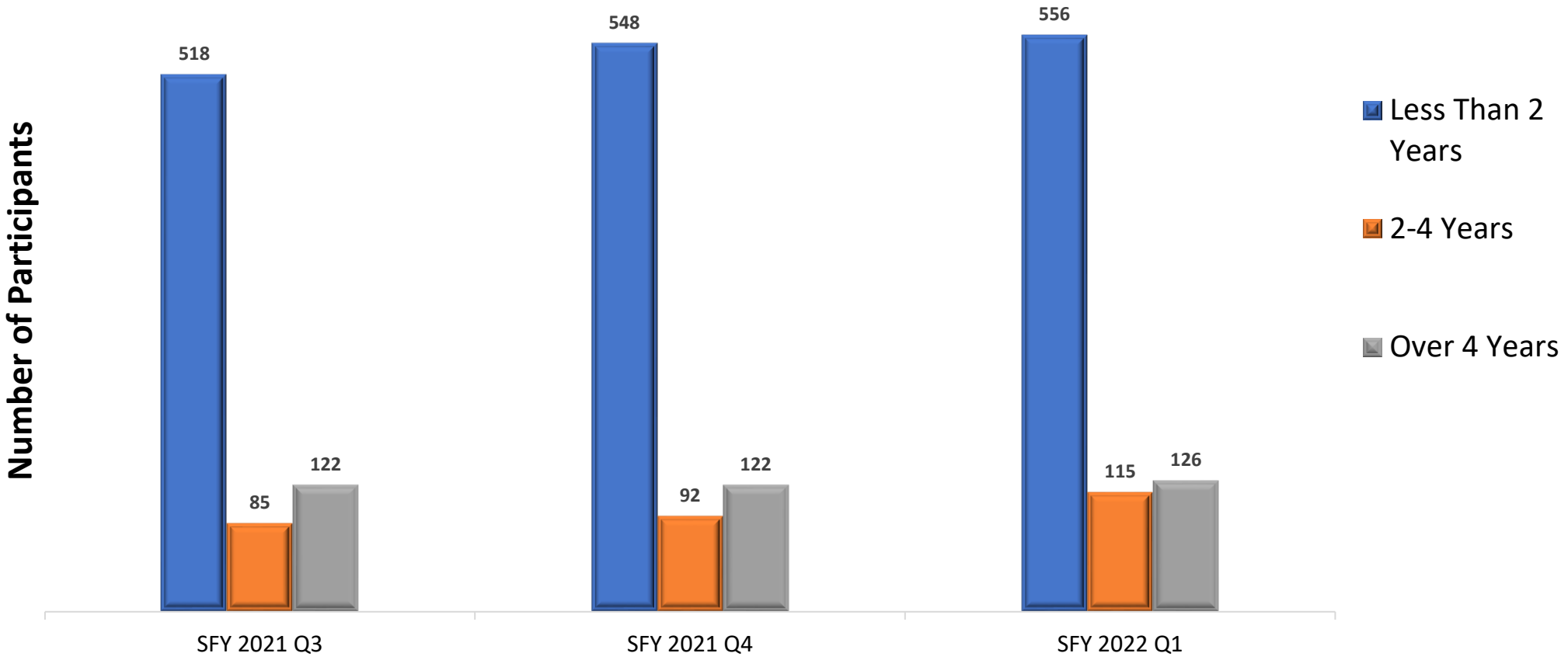
Kansas Department for Aging and Disability Services

Parsons Average Daily Census



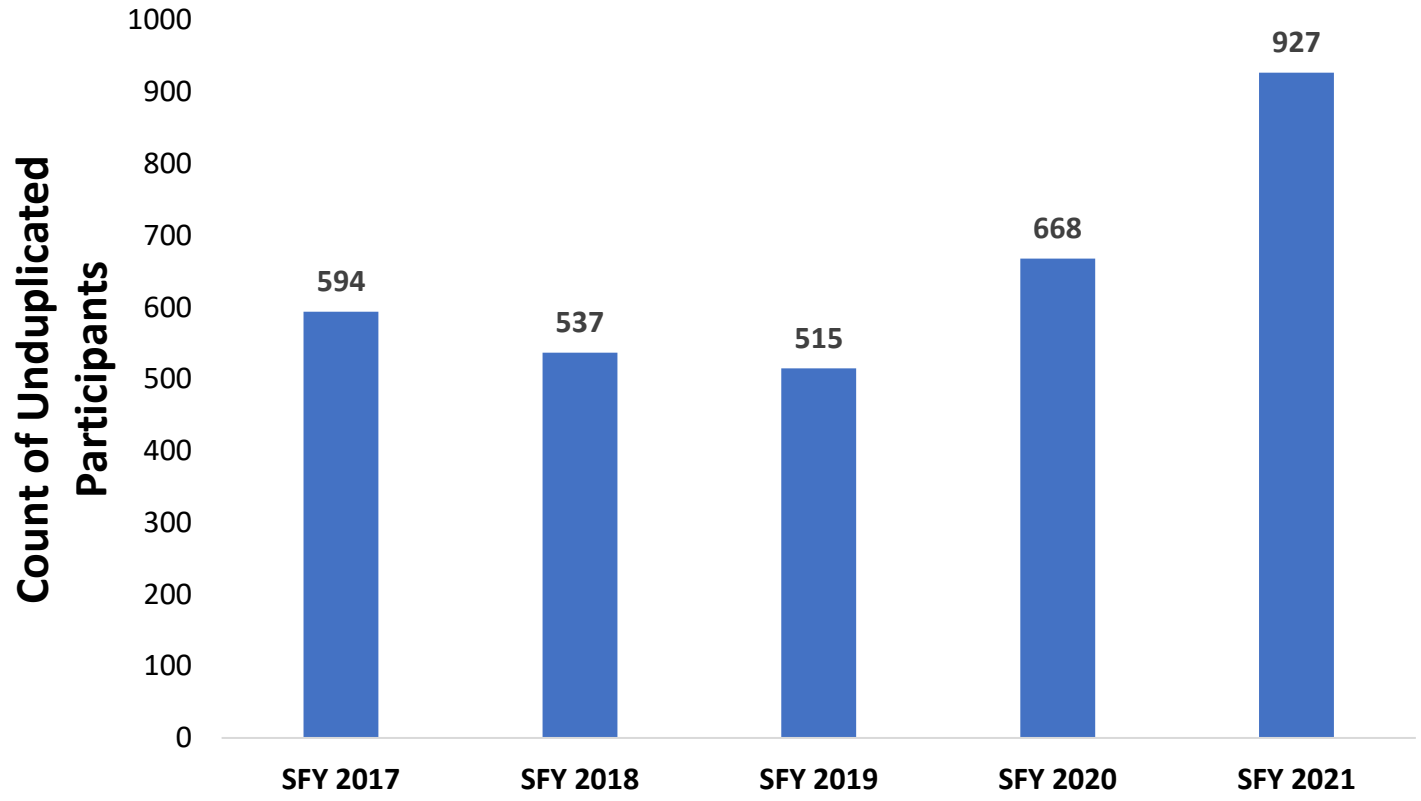
Kansas Department for Aging and Disability Services

HCBS/BI Participants by Length of Stay



Kansas Department for Aging and Disability Services

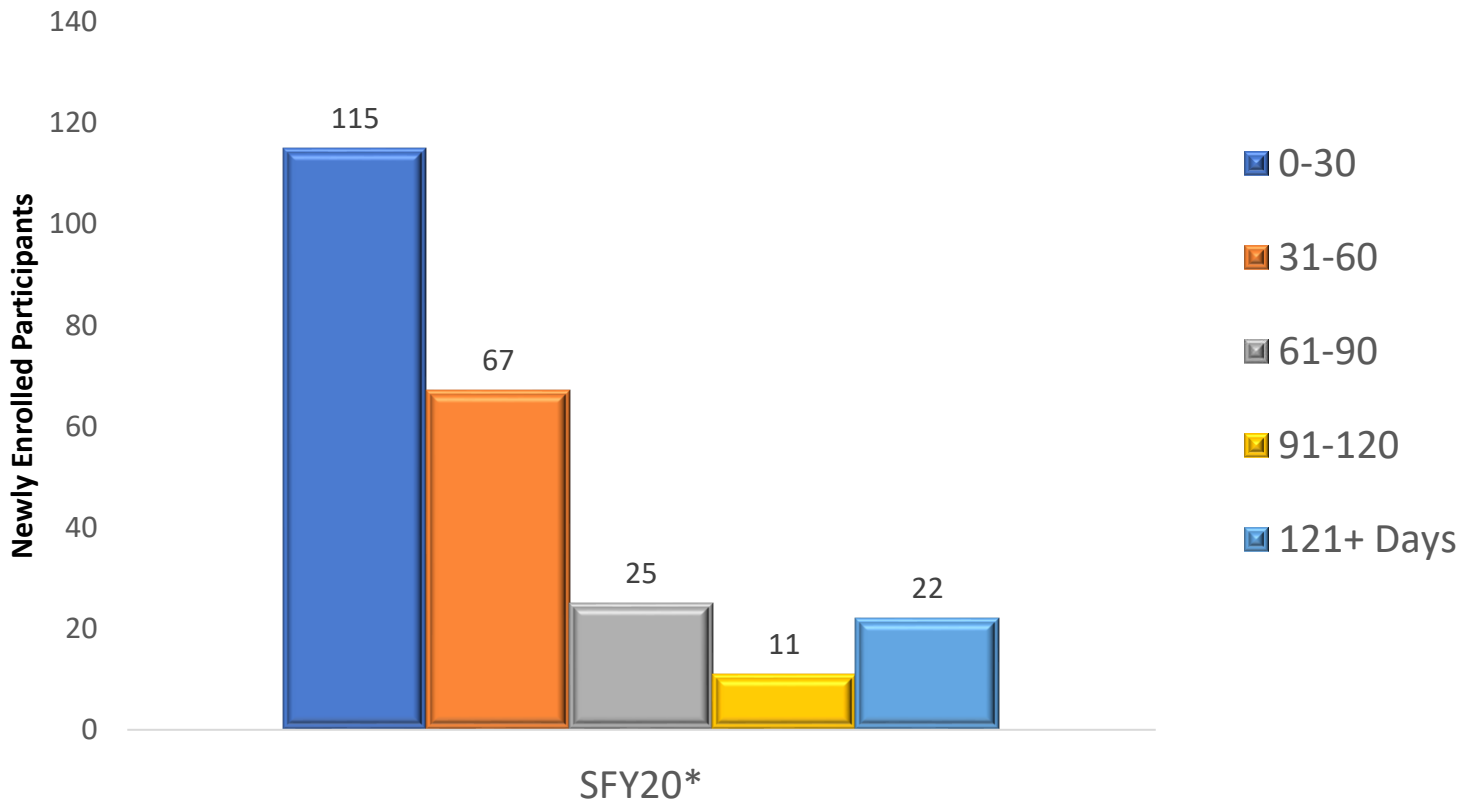
Annual Unduplicated Count of Participants by HCBS/BI Waiver Year



*HCBS/BI waiver operates on a SFY timeframe.

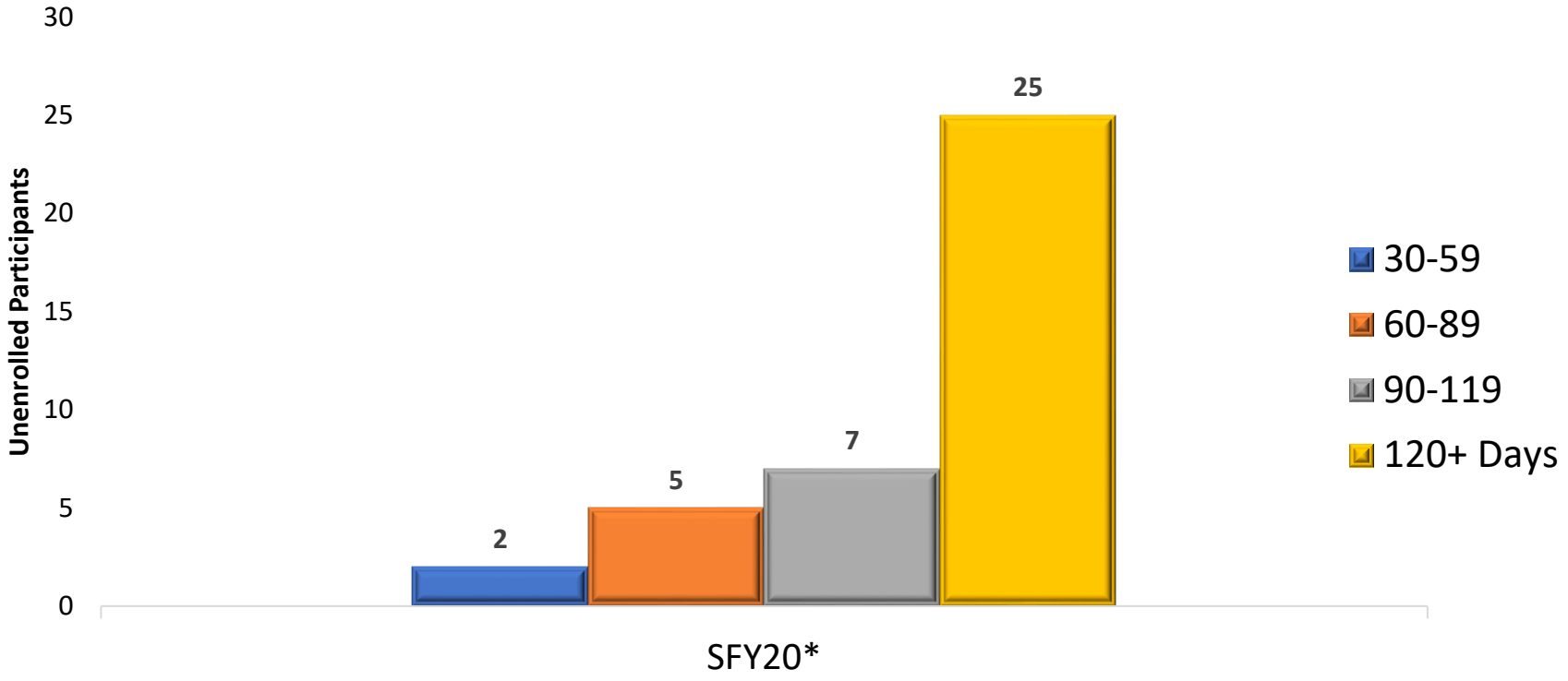
Kansas Department for Aging and Disability Services

Participants Who Received Initial Services Within X Days from Enrollment on the HCBS/BI Program (SFY20)



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

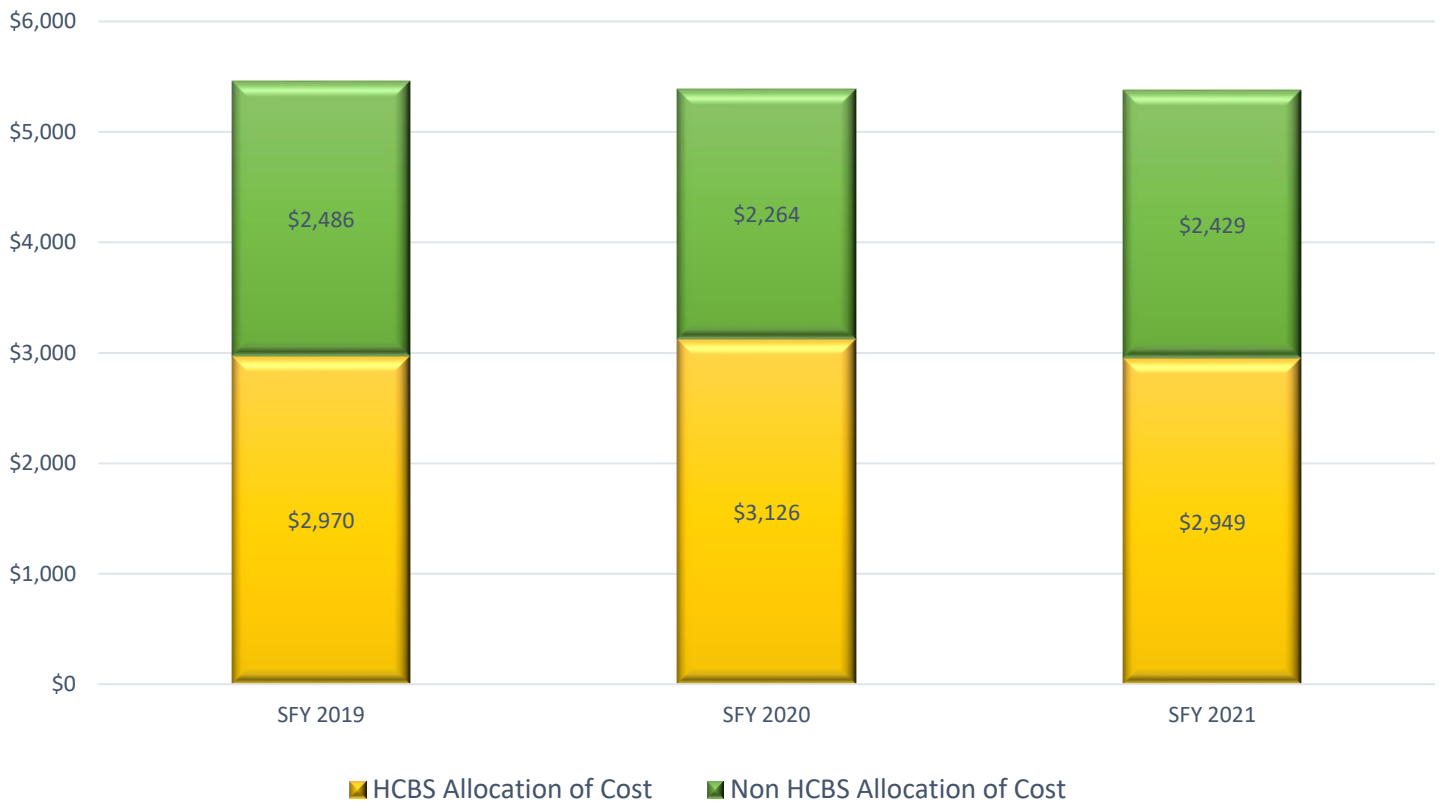
Last Service Received Prior to Unenrollment from HCBS/BI Program (SFY20)



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

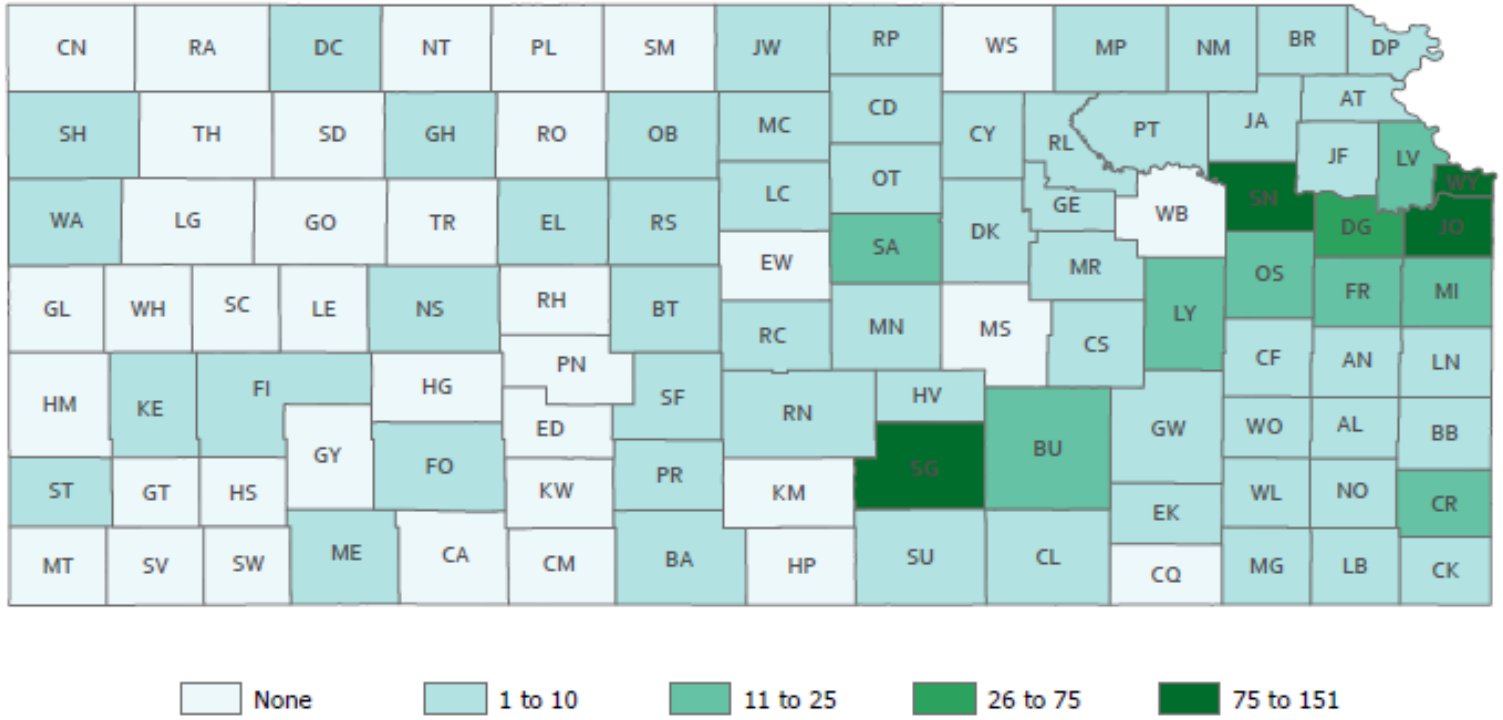
Kansas Department for Aging and Disability Services

HCBS/BI Average Per Member Per Month Cost



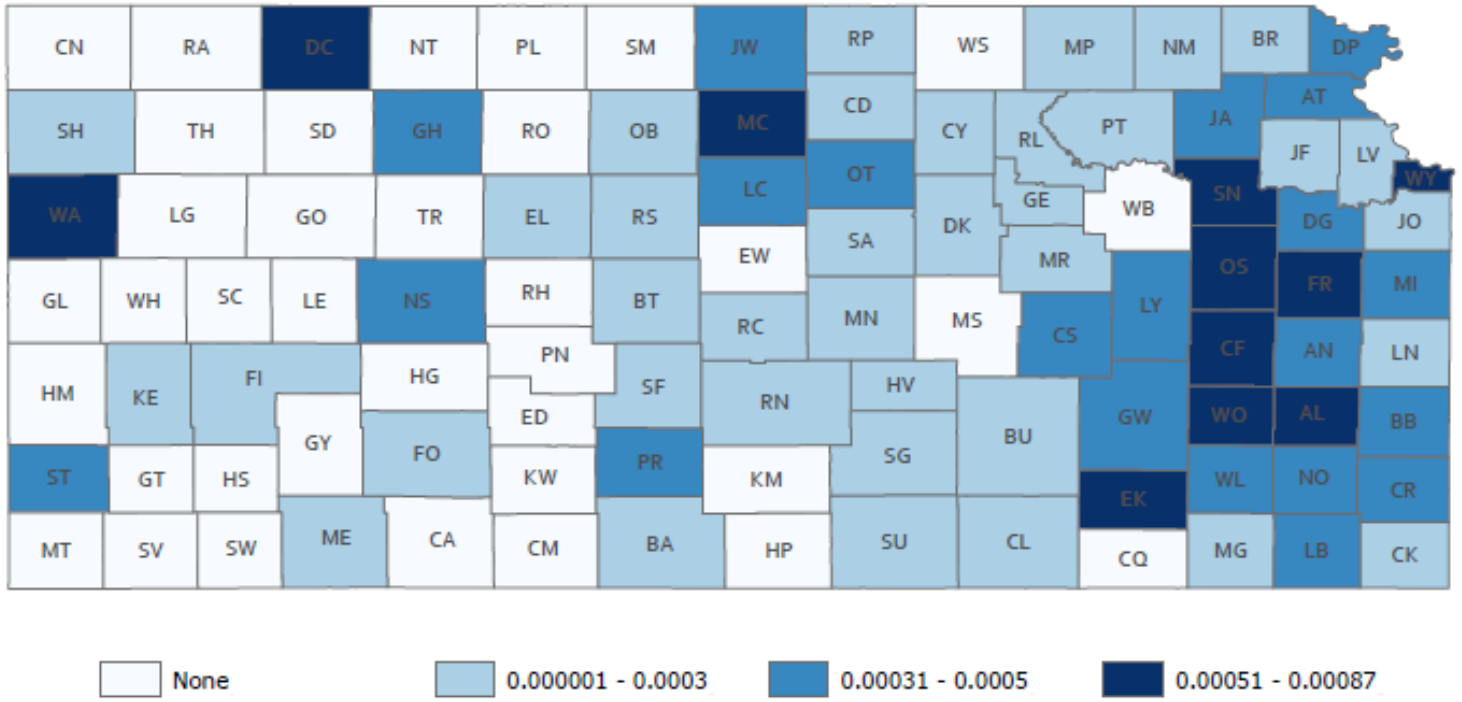
Kansas Department for Aging and Disability Services

Number of HCBS/BI Participants by County (SFY21)



Kansas
Department for Aging and Disability Services

Number of HCBS/BI Participants Per Capita* by County (SFY21)



* Per capita calculation is based on 2019 Census Population Estimates

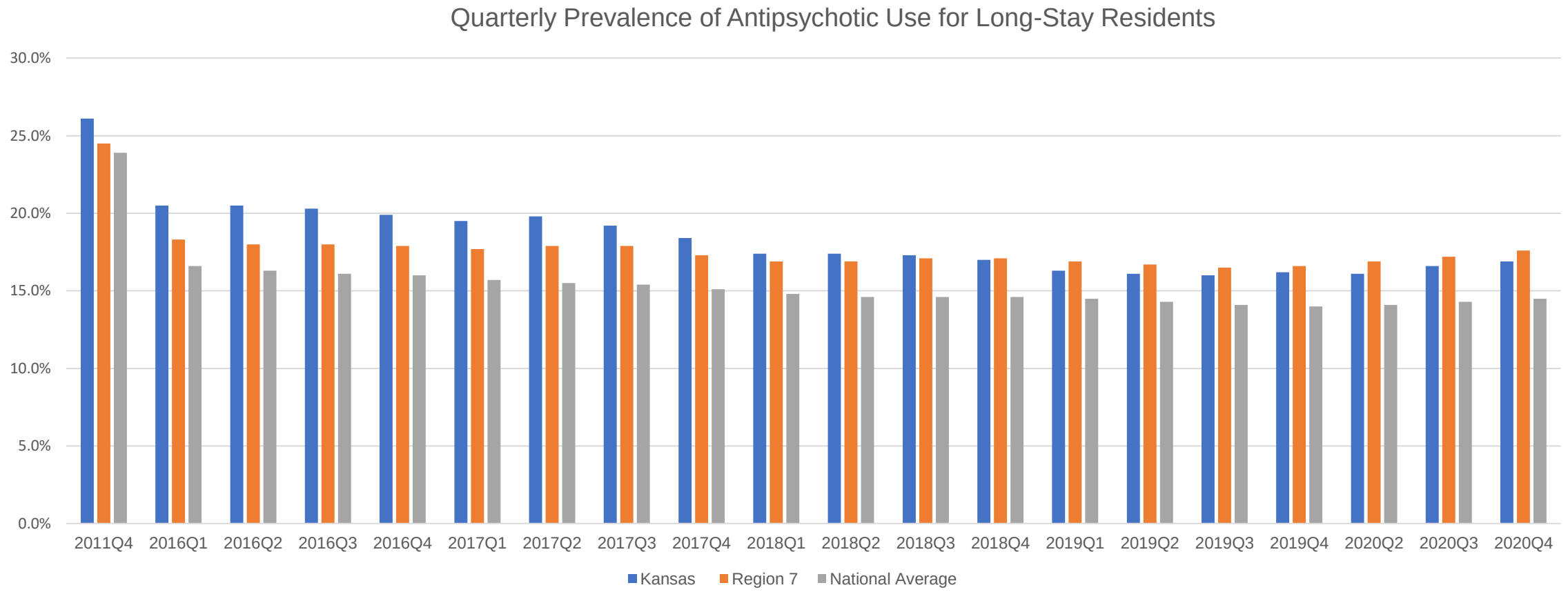
Program of All-Inclusive Care for the Elderly (PACE)

PACE Enrollment

PACE Program	Enrollment
Ascension Via Christi Hope	283
Midland Care	435
Bluestem Communities	99
Total PACE Enrollment	817

Note: Data as of December 1, 2021. Beginning in FY23, PACE will be incorporated into caseloads.

Kansas is Making Progress in Reducing the Use of Antipsychotic Drugs in Nursing Homes



Kansas Department for Aging and Disability Services

*Excludes residents diagnosed with schizophrenia, Huntington's Disease, or Tourette's Syndrome
Source: National Partnership to Improve Dementia Care in Nursing Homes: Antipsychotic Medication Use Data Report (Jul. 2021) Antipsychotic Use Data Report (cms.gov)