

Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—Specific Issues Resolution 2021
Prepared by Kansas Legislative Research Department

Item	Specific Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status	Resolution
1	<p>For a home modification for an individual that is losing the ability to walk due to their degenerative disease, and after requesting a grant and receiving the grant, the MCO started to pursue more grant options. A copy of their guidelines regarding what was needed to do for a prior authorization was requested, but no guidelines exist. Each MCO should have specific guidelines regarding what is needed prior to authorizing a home modification, so that case managers can use those guidelines before turning in the request. There is an inconsistency with how each MCO makes their own rules and guidelines.</p>	Roxanne Hidaka, Case Management Services, Inc.	4/22/2021		MCOs		<p>September 2021 Response, UHC: Home modification is not yet a separate service through the I/DD waiver, so the request would have to meet the same criteria that is listed under assistive services (the criteria and limitations are available in both the approved waiver and the KMAP manual). In addition to that, Medicaid is always the payor of last resort, so again ensuring there are no other additional community resources available to assist is an act of being good stewards of taxpayer funds. The MCOs are collaborating on ways to make this process more streamlined and would welcome ideas and suggestions from stakeholders.</p> <p>September 2021 Response, Aetna: Aetna is participating in a workgroup with the other MCOs to evaluate the home modification process and look for opportunities to create consistencies and a streamlined process. As a result of this collaboration, a one page resource document was created and submitted to KDADS for review.</p>

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1	Issue 1 continued	Roxanne Hidaka, Case Management Services, Inc.	4/22/2021		MCOs	September 2021 Response, Sunflower:	<p>Sunflower is participating in a work group with the other two MCOs to review our process for authorizing home modifications and assistive services and to determine opportunities for standardizing the process. So far, we found our processes are very similar. We plan to report back on any further standardization achieved.</p>

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2	Network adequacy is the responsibility of the MCOs, and this is an area that needs immediate focus, accountability, and tangible results for families across the state. Sedation dentistry for individuals with I/DD and durable medical equipment providers were the two areas mentioned.	Kathy Keck, private citizen	4/22/2021		MCOs		<p>September 2021 Response, UHC: We would be happy to supply a list of providers who offer sedation dentistry to our members. This is an area we consistently focus on for adding providers to the network. UHC currently has 251 PAR DME providers physically located in the state of Kansas willing and able to provide services to our members. We have an additional 17 providers in border cities (50 miles from the state of Kansas border) who are available to serve our members. We also have several national DME providers who can serve Kansas members if the DME item cannot be supplied by any local DME provider.</p>

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2	<p>Item 2 continued</p> <p>Network adequacy is the responsibility of the MCOs, and this is an area that needs immediate focus, accountability, and tangible results for families across the state. Sedation dentistry for individuals with I/DD and durable medical equipment providers were the two areas mentioned.</p>	Kathy Keck, private citizen	4/22/2021		MCOs		<p>September 2021 Response, Aetna: Aetna has 363 providers at 211 locations across Kansas that offer sedation dentistry to our members. We recognize there are rural areas that do not have a dentist that offers sedation dentistry and will work with members in those areas to receive services at the nearest location, including offering transportation. Should a member request sedation dentistry in an area where participating providers are not located, the member can request a single case agreement to receive services at a non-participating provider.</p> <p>To increase access to sedation dentistry, we are actively recruiting for dentists in rural areas of Kansas. Along with outreach to new providers, our recruitment campaign includes outreach to dentists who have previously declined to participate in our network to speak to them about reconsidering.</p>

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2	<p>Item 2 continued</p> <p>Network adequacy is the responsibility of the MCOs, and this is an area that needs immediate focus, accountability, and tangible results for families across the state. Sedation dentistry for individuals with I/DD and durable medical equipment providers were the two areas mentioned.</p>	Kathy Keck, private citizen	4/22/2021		MCOs		<p>September 2021 Response, Sunflower: Sunflower Health Plan currently has 492 Par DME providers. If the current Par Providers could not provide the authorized medical equipment, Sunflower would extend a single case agreement to the provider who has the correct equipment. Sunflower would seek to get that provider or a comparable DME supplier to participate in the network.</p> <p>For sedation dentistry, Sunflower Health Plan currently has 15 sedation anesthesiologist providers that work with dentists in the network; 11 Pediatric Dentists with sedation anesthesiologist on staff that work with children with intellectual or developmental disabilities, as well as 9 oral surgeons. Several of our sedation anesthesiologists travel state-wide. If there is not an available sedation anesthesiologist that works with a dentist in the member's area, Sunflower will seek a single case agreement and attempt to contract with suitable anesthesiologists. Sunflower will always seek to build the best networks for its members.</p>

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No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
1	The growth of the waiting list for I/DD services is attributable to shifting demographics and unproductive use of funds due to current waiver design and priorities. I/DD waiting list and crisis process need to be addressed.	Craig Knutson, KCDD; Roxanne Hidaka, Case Management Services, Inc. Roxanne Hidaka, Case Management Services, Inc.	2/15/2019 4/29/2019	KDADS		<i>Continue to monitor</i> <i>*Combined item</i>	<p>August 2019 Response, KDADS: KDADS hears the concerns of the conferee.</p> <p>February 2020 Response, KDADS: KDADS continues to monitor the waiver waitlists and make offers as funding permits. KDADS is collaborating with its stakeholders to plan strategically for the future of the program in Kansas, including priority services and design. Additional appropriation for the I/DD waiver will be necessary to affect movement on the waitlist and investments in system capacity will be critical. KDADS is committed to working with its stakeholders for the benefit of the individuals we serve.</p> <p>June 2020 Response, KDADS: KDADS continues to work with stakeholders on how to address the growth of the I/DD waitlist. We appreciate the concerns of the conferees.</p> <p>June 2020 Response, KDADS: KDADS acknowledges the strong interest in developing a plan to eliminate the waitlists and will continue to accept feedback and ideas about potential changes.</p> <p>August 2019, Response, KDADS: KDADS hears the concerns of the conferee.</p> <p>February 2020 Response, KDADS: As noted previously, KDADS continues to monitor the waiver waitlists and make offers as funding permits. KDADS is collaborating with its stakeholders to plan strategically for the future of the program in Kansas, including priority services and design. Additional appropriation for the I/DD waiver will be necessary to affect movement on the waitlist and investments in system capacity will be critical. KDADS is committed to working with its stakeholders for the benefit of the individuals we serve.</p> <p>June 2020 Response, KDADS: KDADS continues to work with stakeholders on how to address the I/DD waiting list.</p>

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1	<p>Item 1 continued</p> <p>It is time to develop a strategic plan for elimination of the I/DD waiver list. Examination of the waiver list, including review of other state plans on eliminating the waiver lists, should be a priority.</p> <p>There is a need to find a better solution to reduce the I/DD waiting list than adding a few slots every year, which is not keeping up with the rate of growth. Efforts undertaken in Louisiana were cited as an example of a successful plan that eliminated the waiting list.</p>	Matt Fletcher, Interhab Steve Gieber, KCDD	2/28/2020 2/21/2021 8/26/2019				<p>June 2020 Response, KDADS: KDADS acknowledges the strong interest in developing a plan to eliminate the waitlists and will continue to accept feedback and ideas about potential changes.</p> <p>December 2020 Response, KDADS: No further updates at this time.</p> <p>February 2021 Response, KDADS: KDADS is meeting with stakeholders to develop a plan to evaluate the needs of the individuals on the I/DD waiver wait list. This will require an assessment or survey of each individual listed on the wait list to determine the services they need. KDADS would require additional funding in order to complete the wait list study with our stakeholder partners. If such a study is able to be completed, the results would inform decision making in the efforts to reduce or eliminate the I/DD waiver wait list.</p> <p>April 2021 Response, KDADS: KDADS is meeting with stakeholders to design a study of the needs of the individuals on the I/DD waiver waiting list. The data collected from the study will assist the agency and other decision-makers to make data-informed decisions as we work toward the goal of reducing and eliminating the waiting list. KDADS would require additional funding to conduct the study and is currently evaluating the feasibility of using American Rescue Plan Act funding to do so.</p>

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1	<p>Item #1 continued...</p> <p>The Kansas I/DD waiting list continues to grow and no organized, strategic effort has been initiated by policy makers to address the erosion of capacity. Staff capacity for I/DD service providers is a serious obstacle to eliminating the waiting list.</p> <p>A comprehensive study of the needs and demographics of those currently on the I/DD waitlist is needed to better understand the nature of the waitlist and how to reduce the number of people on the waiting list.</p> <p>There is a need to study all waitlists and appropriate adequate funding to support the growing demand for HCBS.</p>	<p>Matt Fletcher, InterHab</p> <p>Mike Burgess, Disability Rights Center of Kansas; Matt Fletcher, InterHab; Craig Knutson, Kansas Council on Developmental Disabilities</p> <p>Leslie Anderson, k4ad</p>	<p>4/22/2021</p> <p>2/19/2021</p> <p>4/22/2021</p>	KDADS			<p>April 2021 Response, KDADS: KDADS is meeting with stakeholders to design a study of the needs of the individuals on the I/DD waivers waiting list. The data collected from the study will assist the agency and other decision makers to make data-informed decisions as we work toward the goal of reducing and eliminating the waiting list. KDADS would require additional funding to conduct the study and is currently evaluating the feasibility of using American Rescue Plan Act funding to do so.</p> <p>September 2021 Response, KDADS: KDADS is currently developing a scope of work for the study of the I/DD and PD waiting lists. It is expected the study will be funded as one of the community-based 10% FMAP Bump investment projects.</p>
2	<p>There is a need to explore a better model for managed care (LTSS) than is available under KanCare.</p>	<p>Matt Fletcher, InterHab</p>	<p>4/29/2019</p>	KDADS		<i>Continue to monitor</i>	<p>August 2019 Response, KDADS: KDADS appreciates the insight and perspective.</p> <p>February 2020 Response, KDADS: As more and more states move toward managed care models for LTSS, Kansas will continue to be engaged in reviewing the models being implemented across the nation.</p> <p>June 2020 Response, KDADS: KDADS continues to work with stakeholders and national associations to identify new managed care models.</p> <p>December 2020 Response, KDADS: No further updates at this time.</p> <p>February 2021 Response, KDADS: No further updates at this time.</p> <p>April 2021 Response, KDADS: No further updates at this time.</p> <p>September 2021 Response, KDADS: KDADS will collaborate with KDHE as they initiate the KanCare procurement process which will include stakeholder engagement.</p>

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3	There is a need to fund nursing homes in accordance with the statutory formula based on past three years' actual costs.	Cindy Luxem, KHCA/KCAL	4/29/2019	KDADS		Continue to monitor	<p>(Note: KDADS indicated the agency would follow up with staff on this topic.)</p> <p>February 2020 Response, KDADS: As an entitlement program, the nursing facility caseload is included as part of the Consensus Caseload estimating process. Funding provided to nursing facilities is based on the amount of the annual appropriation.</p> <p>June 2020 Response, KDADS: Funding provided to nursing facilities is based on the amount of the annual appropriation.</p> <p>April 2021 Response, KDADS: Funding for nursing facilities is included in the appropriations bill.</p> <p>September 2021 Response, KDADS: A 3 percent increase in nursing facility funding was included in the appropriations bill passed by the 2021 Legislature.</p>

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4	<p>There is a need to address the misuse/overuse of antipsychotic drugs in the senior population.</p> <p>Chemical restraints are used on persons with dementia in nursing homes in Kansas. It is a clearly defined problem and there is data on antipsychotic use and misuse rates for each Kansas nursing facility. There is no data on use in assisted living facilities, home plus, or residential care facilities.</p>	Mitzi McFritch, KABC	2/15/2019 11/18/2019	KDADS		<i>Continue to monitor</i> <i>*Combined item</i>	<p>August 2019 Response, KDADS: The percent of Long-Term Stay nursing home residents receiving antipsychotic medications in January 2017 was 19.6 percent. In January 2018, the percent was 17.4 and that had dropped to 17 percent by December 2018 (last date CMS data is available). Continue to monitor and review during certification survey.</p> <p>February 2020 Response, KDADS: The percent of Long-term Stay nursing home residents receiving antipsychotic medications in January 2017 was 19.6 percent. In January 2018, it was 17.4 percent and had dropped to 17 percent by September 2018. Kansas has continued to decrease this rate; by March 2019 it was 16.1 percent. KDADS continues to monitor and review during annual certification survey.</p> <p>June 2020 Response, KDADS: KDADS continues to monitor and review during annual survey. KDADS would respectfully request this item be consolidated and monitored with other antipsychotic drug use concern line items.</p> <p>February 2020 Response, KDADS: Currently there are no reporting requirements for state-licensed-only adult care homes to report use of antipsychotic drug use. Nursing facilities are required to report this information as part of their minimum data set (MDS) which allows data to be generated.</p> <p>June 2020 Response, KDADS: KDADS does not have the statutory authority to require adult care homes that are only state licensed to report this information. KDADS continues to monitor and review during annual survey. KDADS would respectfully request this item be consolidated and monitored with other antipsychotic drug use concern line items.</p> <p>April 2021 Response, KDADS: No further update at this time.</p> <p>September 2021 Response, KDADS: No further updates at this time.</p>

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5	There is a need for community service coordination to assist KanCare beneficiaries.	Mike Oxford, TILRC	2/15/2019	KDHE		Continue to monitor	<p>November 2019 Response, KDHE: Project has been placed on hold for the time being, with goal of rebooting within next fiscal year.</p> <p>June 2020 Response, KDHE: The project remains on hold.</p> <p>September 2020 Response, KDHE: The project is still on hold.</p> <p>December 2020 Response, KDHE: The project is still on hold.</p> <p>February 2021 Response, KDHE: The project is still on hold.</p> <p>April 2021 Response, KDHE: No further update.</p> <p>September 2021 Response, KDHE: No further update.</p>
6	There is a need to look at what happens to dual diagnosed individuals who are dropped from the SED waiver and are years away from getting I/DD services. Once a child leaves the SED waiver, they should transition to the I/DD waiver automatically with services to be included. The transition to the I/DD waiver is automatic for individuals on the TA and AU waivers.	Roxanne Hidaka, Case Management Services, Inc.	8/26/2019	KDADS		Continue to monitor	<p>November 2019 Response, KDADS: KDADS acknowledges the conferee's perspective; however, the agency has no plan to amend the policy and process at this time.</p> <p>February 2020 Response, KDADS: The current approved waiver does not allow for an automatic transition from the SED waiver to the I/DD waiver. A change in the waiver to allow for this would require extensive conversations with stakeholders. The agency does not have any plans to amend the waiver at this time.</p> <p>June 2020 Response, KDADS: Refer to response provided in February. KDADS respectfully requests this item be considered closed and removed from the spreadsheet.</p> <p>December 2020 Response, KDADS: No further updates at this time. Agency response from February 2020 still applies.</p> <p>February 2021 Response, KDADS: No further updates at this time. The agency response from February 2020 still applies as there are now approximately 4,500 individuals on the I/DD wait list.</p> <p>April 2021 Response, KDADS: In response to this item, KDADS will coordinate a meeting with stakeholders, this spring or early summer, to receive input from all impacted parties.</p> <p>September 2021 Response, KDADS: The SED waiver is up for renewal in 2022. KDADS is beginning the review process and will coordinate a meeting with stakeholders to specifically address this issue.</p>

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7	There is an urgent need for behavioral health services for Kansans with I/DD that could be addressed with a system-wide competency-based training and the development of specialized service delivery programs modeled after evidence-based practices from other states.	Nick Wood, InterHab	8/26/2019 2/28/2020	KDADS		Continue to monitor	<p>November 2019 KDADS Response: KDADS invites the conferee to share additional information at its monthly meetings with InterHab.</p> <p>February 2020 Response, KDADS: KDADS meets with the conferees on a regular basis and agrees behavioral health services for Kansas with I/DD are a concern. As noted earlier, one tool available is the SIM, which allows states and stakeholders to identify gaps and solutions.</p> <p>June 2020 Response, KDADS: No further update is available at this time; however, KDADS will continue discussions with stakeholders on this topic. Virtual meetings will be scheduled.</p> <p>December 2020 Response, KDADS: KDADS met with Matt Fletcher and Nick Wood on November 16 to continue discussions on this topic.</p> <p>February 2021 Response, KDADS: KDADS continues to engage with InterHab regarding behavioral health needs for individuals with I/DD. A mobile crisis system is currently in the Governor's Budget Recommendations to develop a mobile crisis system across Kansas.</p> <p>April 2021 Response, KDADS: While KDADS continues its discussions with stakeholders regarding the behavioral health needs of individuals with I/DD, KDADS is strategically committed to providing mobile crisis response and stabilization services. Currently, KDADS is working to braid a number of state, federal, and local funding sources together to provide a statewide mobile crisis response system that will be able to be accessed through calling "988". Currently, KDADS, KDHE, and the three MCOs are working with Beacon Health Options to develop a state mobile crisis response system for children and youth. If SGF or 988 fee funds are included in the KDADS budget for next year, those funds would be used to leverage additional federal dollars through Medicaid and the Mental Health Block Grant to help provide adequate access to adults as well. The agency is tracking the progress of HB 2281 and HB 2373.</p>

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7	Issue 7 continued	Nick Wood, InterHab	8/26/2019 2/28/2020	KDADS		<i>Continue to monitor</i>	<p>September 2021 Response, KDADS: KDADS continues to be committed to providing mobile crisis response and stabilization services. As one of its community-based 10 percent FMAP Bump investment projects, KDADS proposes to integrate services for individuals with I/DD into the system being developed for adults and children. This would be accomplished by providing I/DD specific training to the mobile crisis network of providers.</p>

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8	<p>There is a need to adopt a best practice, system of care approach toward crisis intervention for Kansans with I/DD or autism in crisis.</p> <p>A statewide mobile crisis services program for Kansans with I/DD should be included in the 988 program. In the past decade, many states have developed these specialized models of behavioral supports for people with I/DD & Autism that focus on prevention.</p>	<p>Nick Wood, InterHab</p>	<p>8/26/2019 11/18/2019 2/19/2021 4/22/2021</p>	KDADS		<p><i>Continue to monitor</i></p> <p><i>*Combined item</i></p> <p><i>Potentially would require some Legislative Action</i></p>	<p>November 2019 Response, KDADS: KDADS invites the conferee to share additional information at its monthly meetings with InterHab.</p> <p>February 2020 Response, KDADS: KDADS has had multiple conversations with InterHab and agrees crisis intervention gaps and solutions need to be explored.</p> <p>June 2020 Response, KDADS: No further update is available at this time. KDADS continues to be open to discussion and suggestions regarding crisis intervention programming.</p> <p>December 2020 Response, KDADS: KDADS' November 16 meeting with Interhab included discussion regarding crisis intervention programming. There was also discussion regarding the Sequential Intercept Model concept and how we might tap into resources as needed.</p> <p>February 2021 Response, KDADS: KDADS continues to engage with InterHab regarding the behavioral health needs of individuals with I/DD. KDADS continues to be interested in employing the Sequential Intercept Model. In addition, the Governor's Budget Recommendations include funding for the development of a mobile crisis response system.</p> <p>April 2021 Response, KDADS: KDADS continues to be interested in employing the Sequential Intercept Model to aid work in this area. In addition, KDADS is fully engaged in the development of a mobile crisis response program which would benefit the I/DD population.</p>

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8	<p>Item 8 continued</p> <p>A statewide mobile crisis services program for Kansans with I/DD should be included in the 988 program. In the past decade, many states have developed these specialized models of behavioral supports for people with I/DD & Autism that focus on prevention.</p> <p>Kansas should consider adopting a statewide mobile crisis services program. In the past decade, many states (24 and increasing) have developed these specialized models of behavioral supports for people with I/DD and autism that focus on prevention.</p>	Nick Wood, InterHab		KDADS		<p>September 2021 Response, KDADS: KDADS continues to be committed to providing mobile crisis response and stabilization services. As one of its community-based 10 percent FMAP Bump investment projects, KDADS proposes to integrate services for individuals with I/DD into the system being developed for adults and children. This would be accomplished by providing I/DD specific training to the mobile crisis network of providers.</p> <p>April 2021 Response, KDADS: KDADS is strategically committed to providing mobile crisis response and stabilization services. Currently, KDADS is working to braid a number of state, federal, and local funding sources together to provide a statewide mobile crisis response system that will be able to be accessed through calling 988. Currently, KDADS, KDHE and the three MCOs are working with Beacon Health Options to develop a state mobile crisis response system for children and youth. If SGF or 988 fee funds are included in the KDADS budget for next year, those funds would be used to leverage additional federal dollars through Medicaid and the Mental Health Block Grant to help provide adequate access to adults as well. The agency is tracking the progress of HB 2281 and HB 2373.</p>	

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9	There is a need to develop models for intensive community support as an alternative to incarceration for Kansans with I/DD accused of a crime or who have been discharged from a state psychiatric hospital following a civil commitment.	Nick Wood, InterHab	8/26/2019 2/19/2021	KDADS		Continue to monitor	<p>November 2019 Response, KDADS: KDADS has been engaged with InterHab and others at the Judicial Council Subcommittee reviewing options.</p> <p>February 2020 Response, KDADS: KDADS staff participated in the Judicial Subcommittee with InterHab and other key stakeholders. SB 333 proposes changes to the current system. KDADS has included in the fiscal note for SB 333 a cost of \$20,000 to \$30,000 to receive technical assistance from SAMHSA to bring in expertise specific to the SIM. In addition, KDADS has provided an updated fiscal note to SB 333 that includes estimates for the cost of services.</p> <p>June 2020 Response, KDADS: KDADS agrees.</p> <p>December 2020 Response, KDADS: No further update available at this time.</p> <p>February 2021 Response, KDADS: KDADS continues to discuss this topic and remains interested in engaging the Sequential Intercept Model to help guide the need for system change.</p> <p>April 2021 Response, KDADS: KDADS continues to be interested in employing the Sequential Intercept Model to help guide the need for system change in this area.</p> <p>September 2021 Response, KDADS: As one of its community-based 10 percent FMAP Bump investment projects, KDADS proposes to bring in Sequential Intercept Model facilitators to help guide the need for system change in this area.</p>

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10	<p>Kansas needs an <i>Olmstead</i> Plan to move to a community-first system where institutions are the last resort backstop if home and community services and supports do not work. Kansas needs to allocate resources to develop a comprehensive <i>Olmstead</i> Plan. A robust ICF family involvement is important in creating the <i>Olmstead</i> Plan.</p> <p>KDADS should devote resources and engage stakeholders to create a State <i>Olmstead</i> Plan</p> <p>Kansas should make progress on an <i>Olmstead</i> plan that is embraced by advocates and that honors choice and community inclusion. Disabled Kansans would be better served if a "comprehensive, effectively working plan" were in place to guide the development of community-based services and supports instead of a patchwork of programs.</p>	Ami Weidler-Hyten, TILRC; Lou Ann Kibbee, SKIL; Sean Gatewood, KAN; Joan Kelley, private citizen Mike Burgess, DRC Kathy Lobb, SACK; Stephanie Sanford, private citizen; Ami Weidler-Hyten, TILRC	8/26/2019 11/18/2019 2/28/2020 4/22/2021 11/18/19 6/22/2020			<i>Continue to monitor</i> <i>*Combined item</i>	<p>November 2019 Response, KDADS: KDADS hears the assertion of the conferee and appreciates the expertise.</p> <p>February 2020 KDADS Response: KDADS secured the services of Mary Ellen O'Brien to provide a report on the history of community based services in Kansas and the Olmstead decision. The report will be available for release very soon.</p> <p>June 2020 Response, KDADS: A report providing the history of HCBS in Kansas and the Olmstead decision has been finalized and made available. KDADS will participate in the stakeholder-led efforts to discuss an Olmstead Plan.</p> <p>February 2020 Response, KDADS: KDADS has been invited to the stakeholder-led meetings to initiate an Olmstead Plan</p> <p>June 2020 Response, KDADS: KDADS will participate in the stakeholder-led efforts to discuss an Olmstead Plan.</p> <p>December 2020 Response, KDADS: See June 2020 KDADS response.</p> <p>February 2021 Response, KDADS: No further updates at this time.</p> <p>April 2021 Response, KDADS: No further update at this time.</p> <p>September 2021 Response, KDADS: No ruther updates are avaialble.</p>

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11	There is a need for some kind of small-caseload, person-centered support system that is tied to, and has a deep history with, local communities to realize the goals of person-centered philosophy of planning and service and support provision.	Ami Weidler-Hyten, TILRC; Lou Ann Kibbee, SKIL	8/26/2019	KDADS		<i>Continue to monitor</i>	<p>November 2019 Response, KDADS: KDADS invites the conferees to share additional information.</p> <p>February 2020 Response, KDADS: KDADS remains committed to collaborating with its stakeholders to develop programs that promote person-centered choice and supports. KDADS would like to hear more from Ami and Lou Ann as it agrees connections at the local level have been lost, particularly with the centers for independent living and the area agencies on aging. Also, as the State works on compliance with federal Final Rule regulations, it will be key to incorporate stakeholder feedback to ensure KDADS builds and maintains a robust service system.</p> <p>June 2020 Response, KDADS: No further update is available at this time.</p> <p>December 2020 Response, KDADS: No further update is available at this time.</p> <p>February 2021 Response, KDADS: No further updates at this time.</p> <p>April 2021 Response, KDADS: No further updates at this time.</p> <p>September 2021 Response, KDADS: No further updates are available.</p>

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12	<p>Kansas has a serious workforce crisis in LTSS. The lack of an abundant, stable, and well-trained workforce hampers any progress on the most basic of quality improvements.</p> <p>Kansas needs a direct care workforce initiative to address the crisis level shortage in the direct care workforce. Steps involved include securing funding to continue financing the maintenance fees for the Kansas Personal Care Directory, launching a coordinated direct care professional recruitment effort, and generating broad-based awareness of the direct care industry as a growing career field and the Kansas Personal Care Directory as a tool for connecting direct support professionals with caregiving jobs.</p>	<p>Rachel Monger, LeadingAge Kansas</p> <p>Gina Ervay, Kansas Lifespan Respite Coalition</p>	<p>8/26/2019 11/18/2019</p> <p>8/26/2019</p>	<p></p> <p>KDADS</p>		<i>Continue to monitor</i> <i>*Combined item</i>	<p>November 2019 Response, KDADS: KDADS agrees.</p> <p>February 2020 Response, KDADS: KDADS is currently working with CMS and state stakeholders to explore options such as hospitals serving as the training sites for CNA classes and stakeholders serving as course sponsors.</p> <p>June 2020 Response, KDADS: KDADS continues to work with the stakeholders to address these shortages and continues that work during the current pandemic with the authority of Executive Order (EO) 41 and EO 39.</p> <p>November 2019 Response, KDADS: KDADS appreciates the initiative and supports additional collaboration.</p> <p>February 2020 Response, KDADS: KDADS acknowledges the need for increased numbers of direct care workers to meet the needs of all of our HCBS Waiver populations. As the agency works with providers and stakeholders on strategies to increase the direct care workforce, KDADS appreciates the interest of the House Social Services Budget Committee by conducting an informational hearing on Direct Care Workforce Initiatives on January 22, 2020.</p> <p>June 2020 Response, KDADS: KDADS appreciates the work being done on direct care workforces concerns.</p> <p>December 2020 Response, KDADS: No further update is available at this time.</p>

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12	<p>Item 12 continued</p> <p>A lack of attendant training is creating shortages of persons willing and/or able to work with consumers, especially persons with brain injuries.</p> <p>Personal care attendants should be paid a higher, more competitive rate.</p> <p>Maintaining direct support workers has been an ongoing struggle. I have testified for some time about the shortage of workers prior to COVID-19. This pandemic has escalated that problem in rural Kansas. We have to figure a way how to treat direct support workers better, because the workforce availability declines while putting people with disabilities in danger.</p>	Heather Matty, HCBS Consumer Heather Matty, HCBS Consumer Lou Ann Kibbee, SKIL	8/26/2019 8/26/2019 6/22/2020		KDADS	<i>Continue to monitor</i> <i>*Combined item</i>	<p>November 2019 Response, KDADS: KDADS hears the concerns and invites the conferee to share additional information with KDADS.</p> <p>February 2020 Response, KDADS: KDADS acknowledges the need for increased numbers of direct care workers to meet the needs of all of our HCBS Waiver populations. As the agency works with providers and stakeholders on strategies to increase the direct care workforce, KDADS will include training of direct care workers as a component of the discussion and plans.</p> <p>June 2020 Response, KDADS: KDADS welcomes opportunities to work with stakeholders, MCOs, and others on strategies to recruit, retain, and train attendants.</p> <p>November 2019 Response, KDADS: KDADS hears the concerns of the conferee.</p> <p>February 2020 Response, KDADS: In order to accommodate an increase in costs for any HCBS service, additional funding would need to be appropriated for this purpose.</p> <p>June 2020 Response, KDADS: KDADS appreciates the concerns of the conferee and will continue to support HCBS.</p> <p>December 2020 Response, KDADS: No further update is available at this time.</p> <p>February 2021 Response, KDADS: No further update is available at this time.</p> <p>April 2021 Response, KDADS: No further updates at this time.</p>

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12	<p>Item 12 continued...</p> <p>A strong system of direct care workers within the community-based services system is one of the strongest preventatives to institutional care for older adults and persons with disabilities. Expanding options potentially may include: a one-time signing bonus or other incentives to attract direct care workers such as personal care attendants and other direct care workers to the field; funding support for the direct care attendants' database.</p>	Sean Gatewood, KAN	4/22/2021	KDADS		<i>Continue to monitor</i> <i>*Combined item</i>	<p>September 2021 Response, KDADS: As a major pillar of its community-based 10 percent FMAP Bump investment project+H7 portfolio, KDADS has included three initiatives aimed at improving workforce shortages in the short-term and a well-trained workforce as a longer-term goal. KDADS has included an overview of its community-based 10 percent FMAP Bump investment project proposals in its agency presentation to the Committee.</p>

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13	<p>The troubling business practices of temporary health care staffing agencies are a continuing issue affecting the LTSS workforce. Kansas should enact laws to curb the most abusive practices of temporary health care staffing agencies.</p> <p>Insufficient reimbursement rates are contributing to the workforce shortage. Many providers are resorting to utilizing staffing agencies to fill the staffing needs at a higher cost to the provider. A 15 to 20 percent reimbursement rate increase would be essential to resolving the problem.</p>	<p>Rachel Monger, LeadingAge Kansas</p> <p>Haely Ordoyne, KACE</p> <p>Haely Ordoyne, KACE</p>	<p>8/26/2019 11/18/2019 2/28/2020</p> <p>8/26/2019 4/22/2021</p> <p>11/18/2019 2/28/2020</p>		KDADS	<i>Continue to monitor</i> <i>*Combined Item</i>	<p>November 2019 Response, KDADS: KDADS hears the concerns of the conferee.</p> <p>February 2020 Response, KDADS: KDADS currently holds no regulatory authority over health care staffing agencies. HB 2629 (2020), which would have required the Secretary for Aging and Disability Services to regulate supplemental nursing services agencies in the state of Kansas, was introduced on 2/11/2020. It was scheduled for a hearing with House Committee on Children and Seniors on 2/20/2020.</p> <p>June 2020 Response, KDADS: HB 2629 (2020), which would have required the Secretary for Aging and Disability Services to regulate supplemental nursing services agencies in the state of Kansas, was introduced on 2/11/2020. It was scheduled for a hearing with House Committee on Children and Seniors on 2/20/2020. KDADS respectfully asks that this item be consolidated with other temporary staffing issues line item.</p> <p>November 2019 Response, KDADS: Fiscal note would accompany any legislation that would be considered.</p> <p>June 2020 Response, KDHE: No change.</p> <p>February 2020 Response, KDADS: KDADS currently holds no regulatory authority over health care staffing agencies. HB 2629 (2020), which would have required the Secretary for Aging and Disability Services to regulate supplemental nursing services agencies in the state of Kansas, was introduced on 2/11/2020. It was scheduled for a hearing with House Committee on Children and Seniors on 2/20/2020.</p>

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13	<p>Item 13 continued</p> <p>Almost all KACE members surveyed have been approached by staffing agencies offering their services for staff shortages. Members have reported that, when contacted, the staffing agencies offer their assistance at a rate of more than \$10 per hour higher than the facility currently offers in that position. Some providers have reported the rate being charged is as high as double their normal rate. Stronger oversight is needed of staffing agencies.</p>	Haely Ordoyne, KACE	11/18/2019 2/28/2020	KDADS		<i>Continue to monitor</i> <i>*Combined Item</i>	<p>June 2020 Response, KDADS: HB 2629 (2020), which would have required the Secretary for Aging and Disability Services to regulate supplemental nursing services agencies in the state of Kansas, was introduced on 2/11/2020. It was scheduled for a hearing with House Committee on Children and Seniors on 2/20/2020. KDADS respectfully asks that this item be consolidated with other temporary staffing issues line item.</p> <p>September 2021 Response, KDADS: No further updates are available.</p>

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14	The Committee should focus on the HCBS Settings Final Rule to ensure an individual's personal choice and quality of life are integral to all supports and services and work to eliminate the waiting lists for individuals needing supports and services to fully participate in their communities.	Leslie Anderson, k4ad	8/26/2019	KDADS		Continue to monitor	<p>November 2019 Response, KDADS: KDADS appreciates the perspective of the conferee.</p> <p>February 2020 Response, KDADS: KDADS remains committed to collaborating with our stakeholders to develop programs that promote person-centered choice and supports. As the State works on compliance with federal final rule regulations, it will be key to incorporate stakeholder feedback to ensure we build a robust service system.</p> <p>June 2020 Response, KDADS: KDADS has included an update on the HCBS Final Settings Rule in its agency presentation and plans to continue to update the committee as progress is made toward compliance with the rule.</p> <p>December 2020 Response, KDADS: KDADS will continue to update the committee on the HCBS Final Settings Rule in its agency presentation.</p> <p>February 2021 Response, KDADS: KDADS has included an update to the committee on the HCBS Final Settings Rule in its agency presentation.</p> <p>April 2021 Response, KDADS: KDADS has included an update to the Committee on the HCBS Final Settings Rule in its agency presentation and will continue to do so. KDADS respectfully requests that this item be considered closed.</p> <p>September 2021 Response, KDADS: KDADS has included an update to the Committee on the HCBS Final Settings Rule in its agency presentation and will continue to do so.</p>

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15	The need for the State to take LTC facilities into receivership has been an unbudgeted expense to KDADS and further undermined the agency's ability to keep current with inspections and confirming corrections. To avoid this happening again, KDADS should request appropriations necessary to review the licensing process for LTC providers, especially those owned and operated by corporate chains. This includes developing and implementing an adequate vetting and risk remediation process.	Mitzi McFatrich, KABC	8/26/2019	KDADS		<i>Continue to monitor</i>	<p>November 2019 Response, KDADS: KDADS, in conjunction with CMS, maintains a fund for civil monetary penalties, which is available for emergency situations such as the recent number of KDADS' receiverships. The survey process was not directly impacted by the receiverships. KDADS tackled the issue of vetting nursing facilities by strengthening our receivership statutory language.</p> <p>February 2020 Response, KDADS: The KDADS response is the same as above; however, it can add that the sale of the receivership facilities continues. A slide is provided in the KDADS slide deck.</p> <p>June 2020 Response, KDADS: Please refer to the slide in the KDADS presentation about the current status of selling facilities that were in receivership.</p> <p>February 2021 Response, KDADS: KDADS is pleased to report only one facility remains in receivership, recognizing COVID-19 has caused a great deal of stress on nursing facilities across the nation.</p> <p>April 2021 Response, KDADS: No further updates at this time.</p> <p>September 2021 Response, KDADS: No further updates are available.</p>

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16	The PEAK program is being poorly executed. More than half of surveyed members have responded that they started out in the PEAK program and have since dropped out. Reasons include too much discretionary determination by the PEAK employees, inconsistent criteria, too much time constraints on staff that are already overwhelmed, no variance for the concept of "culture change" being implemented differently for each facility. Most members feel PEAK has not improved the quality of care for their residents and elders.	Haely Ordoyne, KACE	11/18/2019	KDADS		Continue to monitor	<p>February 2020 Response, KDADS: KDADS is working with stakeholders and PEAK researchers to review the current program. Since its initial inception, the PEAK program has transformed significantly. KDADS and PEAK have reinstated the PEAK advisory committee which is composed of program participants from facilities, PEAK researchers, and KDADS staff.</p> <p>June 2020 Response, KDADS: PEAK is using the 2020-21 year to evaluate the purpose of the program and identify the most important criteria for inclusion in the person-centered care approaches targeted for PEAK incentives. With the COVID-19 pandemic, KDADS has directed PEAK to continue working with the PEAK designated nursing facilities to make incentive payments without requiring additional measurement activity during the management of the pandemic.</p> <p>December 2020 Response, KDADS: The KDADS PEAK process is being revisited. KDADS plans to reconvene a PEAK work group.</p> <p>February 2021 Response, KDADS: KDADS and KSU have re-instated the PEAK advisory panel-this group is made up of PEAK facility representatives and KSU PEAK staff. The advisory board meets on a regular basis and has taken on the task of revisioning the PEAK program.</p> <p>April 2021 Response, KDADS: No further updates at this time.</p> <p>September 2021 Response, KDADS: The PEAK Advisory Board has begun the process of revising the current PEAK program incentive levels and expanding best practices through education.</p>

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17	A client on the I/DD waiver suffers from schizoaffective disorder and addiction to alcohol and drugs. He has moved through multiple treatment facilities, two state hospital admissions, and hospitals and released due to refusal to take medication, inappropriate behavior that was not therapeutic for other residents, or stating he does not meet the criteria. He has had multiple interactions with law enforcement and currently is incarcerated and has been assessed as incompetent. A treatment center or mental health facility that is willing or perhaps capable of helping him has not been located. It is vital the Committee consider developing treatment facilities that will treat patients with multiple diagnoses including I/DD. His community-based services (residential) supports all do not have the training or staffing to keep client home or off street drugs, although they have tried hard.	Laura Singer, Targeted Case Manager, Case Management Services, Inc.	11/18/2019	KDADS		<i>Continue to monitor, revisit later in 2020.</i>	<p>February 2020 Response, KDADS: Services for individuals with I/DD who have co-occurring behavioral health issues are of great importance. SB 333 (2020) has been introduced this Session to assist in addressing the concerns as expressed by this conferee. In addition, KDADS is hopeful a tool supported by SAMHSA called the Sequential Intercept Model can be utilized in Kansas to help us identify gaps and solutions in its system.</p> <p>June 2020 Response, KDADS: KDADS will continue to work with stakeholders on this concern, as noted earlier.</p> <p>December 2020 Response, KDADS: No further update is available at this time, though KDADS continues conversations with stakeholders regarding I/DD participants with significant behavioral health treatment needs.</p> <p>February 2021 Response, KDADS: No further update at this time, though KDADS continues to engage with stakeholders regarding the behavioral health and treatment needs of individuals with I/DD.</p> <p>April 2021 Response, KDADS: Please refer to the February 2021 response.</p> <p>September 2021 Response, KDADS: No further update at this time, though KDADS continues to engage with stakeholders regarding the behavioral health and treatment needs of individuals with I/DD.</p>

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18	Hearing from members that the change of ownership process is still extremely burdensome and is taking six to eight months to complete. KHCA/KCAL would request that this process be looked at by this Committee to help business thrive in Kansas.	Linda MowBray, KHCA/KCAL	2/28/2020	KDADS		Continue to monitor	<p>June 2020 Response, KDADS: KDADS is happy to review specific examples of long waits to review changes in ownership. The process itself has not changed, and it follows federal requirements for documentation and reporting. KDADS will be updating the regulatory requirements to match SB 15 passed in May 2019. KDADS would welcome stakeholders to add input to these regulations.</p> <p>February 2021 Response, KDADS: No specific examples have been raised to KDADS. No further update at this time.</p> <p>April 2021 Response, KDADS: No further updates at this time as no specific follow-up examples have been received by KDADS.</p> <p>September 2021 Response, KDADS: KDADS has continued to process changes of ownership. We have still not received specific examples of delayed changes in ownership. No other updates are available.</p>

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19	<p>Increase the provider reimbursement rate for the Specialized Medical Care (SMC, T1000) service code. Mr. Balke suggested adding \$9.6 million to the KDADS budget line item and offsetting the increase through savings in the KDADS Medicaid hospitalization budget.</p> <p>Need to increase the TA nursing reimbursement rate. This can help provide children care but also increase the home RN resources available in order to help shorten hospital stays and limit the impact of clinical deterioration in the home.</p>	<p>Sean Balke, Craig Home Care; Kathy Keck, private citizen</p> <p>Brian Pate, M.D.</p>	<p>2/28/2020 9/28/2020 4/22/2021</p> <p>11/18/2019</p>	<p>KDHE or KDADS</p>	<p>MCOs</p>	<p><i>Continue to monitor</i> <i>*Combined item</i> <i>(Note: Would require Legislative action)</i></p>	<p>June 2020 Response, KDADS: Funding for an increase in reimbursement rate for Specialized Medical Care on the TA Waiver was included in the appropriations bill passed by the 2020 Legislature.</p> <p>June 2020 Response, KDHE: KDHE provided an analysis of the fiscal impact to increase the T1000 rate and potential savings due to potential decreases in inpatient days.</p> <p>February 2020 Response, KDHE: Increase in TA nursing reimbursement rates will require an appropriation from the Legislature. Agencies have high-level estimates of costs, but would submit an official fiscal note for any legislation brought forward. Agencies continue to meet with multi-stakeholder groups to develop sustainable solutions, which go well beyond rate discussion.</p> <p>February 2020 Response, KDADS: In order to accommodate an increase in costs for any HCBS service, additional funding would need to be appropriated for this purpose.</p> <p>February 2020 Response, Aetna: Aetna supports any provider fee schedule increases and would pass these through to our contracted providers.</p> <p>June 2020 Response, Sunflower: Sunflower also supports the provider fee increase for this service and is passing the increase to the contracted providers.</p> <p>June 2020 Response, KDHE: No changes to the previous statement.</p> <p>June 2020 Response, KDADS: Funding for an increase in reimbursement rate for Specialized Medical Care on the TA Waiver was included in the appropriations bill passed by the 2020 Legislature.</p>

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19	<p>Item 19 continued...</p> <p>The SMC rate should increase to \$47 per hour from \$37. This falls in line with the rates of surrounding states that have created strong programs to provide care to this patient population.</p>	Sean Balke, Craig Home Care; Kathy Keck, private citizen Brian Pate, MD Matt Johnston, Maxim Healthcare Services; Ann Martin, Thrive Skilled Pediatric Care	2/28/2020 9/28/2020 4/22/2021 11/18/2019 6/22/2020 9/28/2020 12/09/2020 2/19/2021 4/22/2021		KDHE or KDADS MCOs	<i>Continue to monitor</i> <i>Would require some Legislative action</i>	<p>June 2020 Response, UHC: UHC will implement the rate increase approved for code T1000 as soon as we receive permission to move forward from KDHE/KDADS.</p> <p>June 2020 Response, Aetna: Aetna supports any provider fee schedule increases and would pass these through to our contracted providers.</p> <p>September 2020 Response, Aetna: Aetna's response remains unchanged, as it continues to support any provider's fee schedule increases and would pass these through to our contracted providers.</p> <p>September 2020 Response, UHC: UHC supports any KDHE or KDADS approved and funded rate increase for TA Waiver code T1000. UHC will be ready and able to implement this change once the funding is fully approved and an approved KDHE policy is received.</p> <p>December 2020 Response, KDADS: A rate increase for Specialized Medical Care was included in the appropriations bill that was passed by the 2020 Legislature.</p> <p>December 2020 Response, Aetna: Aetna maintains its support of any provider fee schedule increases and would pass these through to our contracted providers.</p> <p>December 2020 Response, Sunflower: Sunflower supports any rate increase approved by the State for this service; and if approved, is ready to implement it. The COVID-19 emergency protocols have allowed Sunflower to pay parents when the provider(s) are not able to find a nurse to provide part or all of the needed services. Sunflower implemented this and recommended the member also have monitoring visits provided by a RN when the parents are providing the primary support.</p>

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19	Item 19 continued...			KDHE or KDADS	MCOs	Continue to monitor	<p>December 2020 Response, UHC: UHC supports any changes made via policy in regards to the TA waiver rates and would implement as quickly as possible if approved by the Legislature followed by the required State policy from KDHE and KDADS.</p> <p>February 2021 Response, UHC: UHC supports any provider rate increase for TA waiver code T1000 (specialized nursing care). We would implement this rate increase as soon as it is approved via the legislative process and issued to us via the KDHE policy process.</p> <p>February 2021 Response, Aetna: Aetna will support any provider fee schedule increases and would pass these through to our contracted providers.</p> <p>February 2021 Response, KDADS: No further updates at this time.</p> <p>February 2021 Response, Sunflower: Our response remains the same as in December 2020.</p> <p>April 2021 Response, KDHE: An appropriation would be required to increase the reimbursement rate for private duty nursing/specialized medical care.</p> <p>April 2021 Response, KDADS: A SMC rate increase is included in the appropriations bill passed by the 2021 Legislature. The rate was increased to \$39 per hour. KDADS respectfully requests this item be considered closed.</p>

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	<p>Item 19 continued...</p> <p>Reimbursement rate increases for private duty nursing for medically complex children is imperative to help assist this small but medically complex population. Increased rates would prevent longer hospital stays for these children and allow them to continue their lives in the home.</p>	Addie Begley, Nurse, Infant Tracheostomy and Home Ventilator Team at Children's Mercy Hospitals	2/19/2021	KDHE or KDADS	MCOs	Combined Item*** Continue to monitor	<p>April 2021 Response, KDHE: An appropriation would be required to increase the reimbursement rate for private duty nursing/specialized medical care.</p> <p>April 2021 Response, KDADS: No further updates at this time.</p> <p>September 2021 Response, UHC: The rate increase that was approved via last session has been implemented with a 7/1/2021 effective date as directed by KDHE/KDADS.</p> <p>September 2021 Response, Aetna: Aetna continues to support any provider fee schedule increases and would pass these through to our contracted providers.</p> <p>August 2021 Response, Sunflower: The fee schedule increased on July 1, 2021, for this service for children on the TA waiver. Sunflower is paying the higher rate to providers.</p> <p>September 2021 Response, KDADS: A rate increase for Specialized Medical Care (T1000) for the TA Waiver was included in the appropriations bill passed by the 2021 Legislature. The rate was increased to \$43 per hour. KDADS respectfully requests this item be considered closed.</p> <p>September 2021 Response, KDHE: The 2021 Legislature passed appropriations to fund private duty nursing for the TA waiver at \$47 per hour, as requested by the conferees. KDHE would ask that this item be closed.</p>
20	<p>Kansas should adopt an insulin administration training program for certified medication aides (CMAs) working in skilled nursing facilities, assisted living facilities, residential healthcare facilities, or home plus homes. In Kansas, the certified medication aide is permitted to dose the insulin medication amount in an insulin pen, but not permitted to assist the residents in self-administration of the medication injection. This discrepancy places Kansas long-term care facilities at a competitive disadvantage.</p>	Scott Schultz, Morningstar Care Homes	2/28/2020	KDADS		Continue to monitor	<p>June 2020 Response, KDADS: This would require revision of KAR 26-41-205(d)(2), KAR 26-42-205(d)(2), and KAR 26-43-205(d)(2) as they currently include the following language "Medication aides shall not administer medication through parenteral route." Parenteral means taken into the body or administered in a manner other than through the digestive tract, as by intravenous or intramuscular injections. CMA course curriculum would also need to be revised.</p> <p>February 2021 Response, KDADS: No further updates at this time.</p> <p>April 2021 Response, KDADS: No further updates at this time.</p> <p>September 2021 Response, KDADS: No further updates are available.</p>

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21	The Senior Care Act should be amended to include those under 60 years of age in Kansas who have been diagnosed with younger-onset Alzheimer's or other dementias and add funding to cover additional individuals in this category.	Mitzi McFatrich, KABC	2/28/2020	KDADS		Continue to monitor	<p>June 2020 Response, KDADS: As noted by KLRD, this change to the Senior Care Act would require legislative action. KDADS will continue to collaborate with stakeholders on this potential change to the Senior Care Act statute.</p> <p>December 2020 Response, KDADS: No further update is available at this time.</p> <p>February 2021 Response, KDADS: No further updates at this time.</p> <p>April 2021 Response, KDADS: As noted previously, any change to eligibility requirements for the Senior Care Act would require legislative action. KDADS respectfully requests this item be considered closed.</p> <p>September 2021 Response, KDADS: As noted previously, any change to eligibility requirements for the Senior Care Act would require legislative action. KDADS presented on the Senior Care Act program at the legislative Senior Care Task Force on September 9. KDADS respectfully requests this item be considered closed.</p>
22	If Medicaid expansion is implemented, k4ad recommends that evidence-based interventions and programs are implemented to support measurable gains realized by expansion. Our system of care should use incentives when addressing social determinants of health, which can occur under Medicaid expansion.	Leslie Anderson, k4ad	2/28/2020	KDHE		Continue to monitor	<p>June 2020 Response, KDHE: This will be addressed as part of a Medicaid expansion implementation.</p> <p>April 2021 Response, KDHE: No further update.</p> <p>September 2021 Response, KDHE: No further update.</p>

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23	States are invited to participate in demonstrations that offer greater flexibility and discretion related to coverage, cost-sharing, eligibility, and other requirements under current Medicaid programs. While states may design Medicaid programs using flexibilities, the concern is a state's ability to impose eligibility conditions intended to direct Medicaid participants to private insurance plans, which do not cover disability- or age-related needs (e.g., assistive technology, personal care, homemaker services). Additionally, transitions may occur during the demonstration, further complicating coverage to individuals originally eligible. K4ad understands the rising costs of health care and believes systems must demonstrate effectiveness and good stewardship of funding, although not at the cost where an individual is in jeopardy of harm.	Leslie Anderson, k4ad	2/28/2020	KDHE		Continue to monitor	<p>June 2020 Response, KDHE: Concern acknowledged. Current eligibility policies do not include conditions intended to divert applicants to private insurance plans.</p> <p>April 2021 Response, KDHE: No further update.</p> <p>September 2021 Response, KDHE: Concern is acknowledged, but there are no plans to use 1115 demonstration waiver authority to create such eligibility requirements or pursue a Medicaid block grant model. KDHE would ask that this item be closed.</p>

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24	In May, 77 percent of Kansas nursing home facilities were cited for non-compliance with infection control practices that deprived residents of basic protections from infection. There is a need to recognize and restore residents' right to have essential visitors.	Mitzi McFatrich, KABC	6/22/2020	KDADS		<i>Continue to monitor</i>	<p>September 2020 Response, KDADS: KDADS completed an infection control survey of all adult care homes between March and August 2020. The results of these surveys concluded that 21 percent of certified nursing facilities (68 of 327) and less than 1 percent for state-licensed only adult care homes (3 of 469).</p> <p>December 2020 Response, KDADS: KDADS included in its committee update a count of additional follow-up infection control surveys and complaint based investigations that have been completed by week. KDADS also issued guidance to all adult care homes on visitation on October 21 to outline how facilities can identify residents needs for visitation and how facilities can accommodate visitors. The guidance document specifies that visitation is a right for residents in adult care homes and facilities should make best efforts to facilitate visitation for residents and their loved ones or preferred visitors. Facilities must ensure that visits are conducted within the core principles and best practices to reduce the risk of COVID-19 transmission. The guidance document can be found at https://kdads.ks.gov/docs/default-source/covid-19/ach-data/vistation/vistitation-guidance-for-long-term-care-settings.pdf?sfvrsn=d3bc01ee_2</p> <p>February 2021 Response, KDADS: KDADS included in its committee update a count of additional follow-up infection control surveys and complaint based investigations that have been completed by week. KDADS provided additional information regarding visitation in a FAQ document on February 2, 2021. At this time neither the CDC or CMS has revised their guidance on visitation, quarantine or testing in health care facilities.</p>

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24	Item 24 continued...					<p>April 2021 Response, KDADS: KDADS and CMS issued revised visitation guidance in March 2021. Additional details are captured in the updated KDADS slide deck.</p> <p>September 2021 Response, KDADS: No further updates are available at this time.</p>	

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25	<p>Conferees strongly urge the State to reinstate a MFP program to support people in moving out of nursing homes.</p> <p>Establish a MFP Steering Committee comprised of stakeholders and KDADS leadership staff to develop a Kansas-specific program to implement the recently reauthorized federal MFP program to ensure people can transition to community-based settings.</p>	Mike Burgess, DRC; Ami Hyten, TILRC Sean Gatewood, KAN	6/22/2020 9/28/2020 2/19/2021 4/22/2021	KDADS		<i>Continue to monitor</i> **Combined item	<p>September 2020 Response, KDADS: Transitions from NFs to community settings continue to be a priority for KDADS. KDADS has a full-time HCBS transition specialist who assists in coordinating the processes associated with individuals transitioning to community settings. The MCOs also have a pay-for-performance measure that addresses transitions from institutions to community settings. Further, KDADS continues to monitor the activity at the federal level regarding the MFP program. Since Kansas closed out its federal MFP grant in 2018, the "extension" that is often discussed by Congress would not impact Kansas. However, if a "reauthorization" of a federal MFP were to be approved by Congress, KDADS would be interested.</p> <p>December 2020 Response, KDADS: KDADS received notification from CMS of an opportunity to reinstate the now-closed Kansas MFP program. A letter of interest was submitted to CMS in mid-November and KDADS is currently awaiting a determination from CMS. If Kansas is approved to reinstate the federal MFP program, Kansas could be eligible for up to \$5.0 million in grant funds that can be used over a four-year period.</p> <p>February 2021 Response, KDADS: KDADS is working with interested stakeholders on the program design as it requests federal grant funding to reinstate the federal MFP program. KDADS looks forward to continued collaboration with stakeholders on this project.</p> <p>April 2021 Response, KDADS: KDADS is working with interested stakeholders to draft a program design with which to request federal grant funding in order to reinstate the federal MFP program. KDADS appreciates its collaboration with stakeholders and the opportunity to implement the new MFP program.</p>

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25	Issue 25 continued			KDADS		<i>Continue to monitor **Combined item</i>	<p>September 2021 Response, KDADS: As one of its community-based 10 percent FMAP Bump projects, KDADS proposes to invest in opportunities to transition individuals from institutional settings to home and community-based services. KDADS has included an overview of its community-based 10 percent FMAP Bump project proposals in its agency presentation to the Committee.</p>

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26	<p>What is being done to ensure network adequacy for CILs? Consumers were having difficulty finding providers who accepted Medicaid before the pandemic. CILs throughout Kansas have worked to provide uninterrupted service and will continue the dialogue with state agencies to strengthen systems that support our consumers.</p> <p>Unlike service providers in any other community-based segment, CILs do not have a designated source of support or a line item in the state budget. When extraordinary funding was made available for other providers, the CILs that received only state funds were not included. GRAIL would like to see state support for CILs formalized.</p>	Jill Dudley, KACIL; GRAIL GRAIL	6/22/2020 6/22/2020 9/28/2020	KDADS		<i>Continue to monitor</i> <i>*Combined item</i>	<p>September 2020 Response, KDADS: MCO provider networks are monitored on a continual basis with KDHE. That said, KDADS recognizes and appreciates the work of the CILs during these unprecedented times. The COVID-19 pandemic has presented many challenges and opportunities for our service delivery system. As KDADS reflects on these challenges and opportunities, we will be looking for ways to improve upon the system weaknesses that presented during the crisis and to seize the opportunities to benefit the individuals we serve. KDADS appreciate stakeholders' willingness to share their experiences and ideas for improving service delivery.</p> <p>September 2020 Response, KDADS: KDADS acknowledges the request for formalized support for CILs via a designated source of support or a line item in the state budget. To provide funding to CILs through KDADS would require the additional appropriation of funds.</p> <p>December 2020 Response, KDADS: No further update is available at this time.</p> <p>February 2021 Response, KDADS: No further update is available at this time.</p> <p>April 2021 Response, KDADS: No further updates at this time.</p> <p>September 2021 Response, KDADS: No further updates are available. KDADS respectfully requests this item be considered closed.</p>
27	The \$8.9 million in State General Fund money included by the Legislature in its FY 2021 budget for I/DD funding should be restored in the next Legislative Session.	Matt Fletcher, InterHab	9/28/2020 2/19/2021	KDADS or KDHE		<i>Continue to monitor</i>	<p>December 2020 Response, KDADS: As noted by KLRD, funding for an I/DD provider rate increase would require legislative action. No further update is available from the agency at this time.</p> <p>February 2021 Response, KDADS: Legislative action would be required. No further update is available from the agency at this time.</p> <p>April 2021 Response, KDADS: The Legislature included a rate increase for I/DD services beginning with the last three months of FY 2021 and continuing into FY 2022. KDADS respectfully requests this item be considered closed.</p> <p>September 2021 Response, KDADS: The Legislature included a rate increase for I/DD services beginning with the last three months of FY 2021 and continuing into FY 2022. KDADS respectfully requests this item be considered closed.</p>

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28	While adult care homes appreciate the KDADS and SPARK Task Force funding to assist adult care homes with PPE, staff labor, and testing during COVID-19, KACE is worried that this will not be enough to sustain facilities in the end. Many adult care homes have not received, nor are scheduled to receive, testing machines, and many are unable to secure testing supplies. The challenges on staff are very real and serious, and staff leaving the long-term care field will be detrimental to the workforce.	Holly Noble, KACE	9/28/2020	KDADS		Continue to monitor	<p>December 2020 Response, KDADS: As of November 30, 2020, KDADS has provided funding to all adult care homes for the purchase of PPE and sanitation supplies through an online portal. Those purchases are funded with SPARK dollars and must be used by the end of December. KDHE has announced a SPARK funded unified testing strategy to provide access to COVID-19 testing for all staff and residents in adult care homes in Kansas through contracts with labs assigned to each county. KDHE also supplied a state wide physician's order for testing which can be used by anyone to obtain a COVID-19 test. Any adult care home can use the contracted labs for testing at no cost to the facility.</p> <p>February 2021 Response, KDADS: No further update is available at this time.</p> <p>April 2021 Response, KDADS: No further updates at this time.</p> <p>September 2021 Response, KDADS: No further updates are available at this time.</p>
29	<p>The proposed state plan amendment to increase Medicaid dental reimbursement rates appears to have left off several of the codes targeted for an increase with the previous Medicaid Director. One of the most important codes was D9420, which is for hospital calls. This code would increase dentists' ability to provide sedative dentistry within a hospital setting, which is often one of the only ways individuals with disabilities can access essential dental benefits.</p> <p>Authorizing teledentistry is a way to make dental care as easy to access as possible as the pandemic continues. The Committee should include a recommendation that teledentistry be authorized in the State of Kansas.</p>	Tanya Dorf Brunner, Oral Health Kansas	9/28/2020	KDHE		Continue to monitor	<p>December 2020 Response, KDHE: KDHE received a \$3.0 million appropriation to increase dental rates. The codes selected for increased rates were chosen in order to impact the majority of Medicaid dental providers, and therefore affect a greater number of Medicaid beneficiaries. KDHE would support increasing the reimbursement rate for code D9420 if appropriations allowed.</p> <p>February 2021 Response, KDHE: No further update.</p> <p>April 2021 Response, KDHE: No further update.</p> <p>September 2021 Response, KDHE: This code will see a rate increase effective January 1, 2022. KDHE reviewed the conferee's request and determined that the rate increase was warranted and could be accommodated within existing appropriations.</p>

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30	To assist CMHCs during the COVID-19 pandemic, several policy recommendations would help: approval of Medicaid Code 90846 would allow for billing therapy without the patient being present; continue to allow telemedicine parity for treatment by telephone and televideo; increase the Medicaid reimbursement rate; and expand Medicaid.	Kyle Kessler, Association of Community Mental Health Centers of Kansas, Inc.	9/28/2020	KDHE		<i>Continue to Monitor</i>	<p>December 2020 Response, KDHE: KDHE is evaluating whether it can code 90846 in accordance with CMS requirements. There are presently no plans to close telehealth codes that are currently open. Reimbursement rate increases and Medicaid expansion would require legislative action.</p> <p>February 2021 Response, KDHE: No further update.</p> <p>April 2021 Response, KDHE: No further update.</p> <p>September 2021 Response, KDHE: KDHE is resuming its research on how the state could cover this code while complying within existing appropriations.</p>
31	It is strongly appreciated that KDHE is now reporting COVID-19 clusters, as this helps Kansans who need to consider placing loved ones in long-term care facilities and nursing homes. While this data is very helpful to the public, additional data would be extremely useful to individuals transitioning to a facility. Mississippi has begun to release COVID-19 reports while respecting privacy rights of residents of state-licensed facilities, especially the rights of people with disabilities. Mississippi provides cumulative data of cases and deaths for each county in specific congregate settings. It is done not only in nursing homes, but ICFs, assisted living facilities, and residential care facilities.	Mike Burgess, DRC	9/28/2020	KDHE		<i>Continue to monitor</i>	<p>December 2020 Response, KDHE: Effective September 21, 2020, KDHE reports the names of congregate settings with 5 or more Kansas resident COVID-19 cases with symptom onset dates in the last 14 days. This report can be found at https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas.</p> <p>February 2021 Response, KDHE: No further update.</p> <p>April 2021 Response, KDHE: No further update.</p> <p>September 2021 Response, KDHE: No further update. KDHE would ask to close this item since the conferee's request was addressed in September 2020.</p>

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32	The current crisis at the long-term care facilities during the COVID-19 pandemic is staffing. Staff are leaving the industry at high rates because of testing mandates, additional stress and responsibilities, and ever changing scheduling needs due to quarantine and positive cases. Solutions include future coronavirus relief funding tied directly to increasing staffing wages. A wage pass-through is an additional allocation of funds provided through Medicaid reimbursement for the express purposes of increasing compensation for direct-care workers and could also be a solution. Holding virtual clinics for CNA courses and extending the temporary aide position that is currently tied to the Emergency Declaration are also solutions that would help ease the burden on staffing issues.	Haely Ordoyne, KACE	12/9/2020	KDHE or KDADS		Continue to monitor	<p>February 2021 Response, KDADS: Future federal relief packages would be subject to federal requirements and allocation. A wage pass-through in the Kansas nursing facility rates would require additional appropriations. KDADS has allowed for simulated labs in lieu of ACH clinical sites for CNA courses throughout the duration of the pandemic. KDADS continues to work closely with associations to find a solution for a smooth transition of temporary aides to permanent employment in long term care. The temporary aides have made a large impact during the pandemic and point out the need to find a way to ensure these essential workers have an avenue to continue providing care to the most vulnerable population while ensuring the staff caring for seniors are adequately trained and can maintain the higher standard Kansas has set for the direct care workforce.</p> <p>April 2021 Response, KDADS: No further updates at this time.</p> <p>September 2021 Response, KDADS: No further updates are available at this time.</p>
33	There are concerns with what happens after the nursing home pharmacy program ends for vaccines through CVS and Walgreens and ensuring adult care homes and staff will receive priority among others, even after the federal program ends.	Rachel Monger, LeadingAge Kansas Haely Ordoyne, KACE	2/19/2021	KDHE		Continue to monitor	<p>April 2021 Response, KDHE: Adult care homes and nursing facilities work with the local health department and/or pharmacies to access vaccines. No recent problems have been reported concerning vaccine access for those facilities and staff.</p> <p>September 2021 Response, KDHE: No further update. KDHE would ask to close this item since the situation giving rise to the conferee's concern has passed.</p>
34	The emergency waiver for the use of temporary nurse aids in long term care must continue and the Legislature must explore ways to assist temporary aides to receive full nurse aid status once the COVID-19 emergency is over.	Rachel Monger, LeadingAge Kansas	2/19/2021	KDADS		Potentially would require some Legislative action	<p>April 2021 Response, KDADS: KDADS has extended the current TA authority through EO 21-12 which is set to expire on 5/28/21. KDADS has been working closely with stakeholder groups and course sponsors to ensure enough CNA courses are available for any TA wanting to enroll, prior to 5/28/21.</p> <p>September 2021 Response, KDADS: KDADS extended TA via EO 21-12 which expired with the ending of the State of Emergency on 6/15/21. KDADS has been working closely with stakeholder groups and course sponsors to ensure enough CNA courses are available for any TA wishing to become fully certified since April of 2021.</p>

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35	Kansas should consider adopting a statewide mobile crisis services program. In the past decade, many states (24 and increasing) have developed these specialized models of behavioral supports for people with I/DD and autism that focus on prevention.	Nick Wood, InterHab	2/19/2021	KDADS		Potentially would require some Legislative action	<p>April 2021 Response, KDADS: KDADS is strategically committed to providing mobile crisis response and stabilization services. Currently, KDADS is working to braid a number of state, federal, and local funding sources together to provide a statewide mobile crisis response system that will be able to be accessed through calling 988. Currently, KDADS, KDHE, and the three MCOs are working with Beacon Health Options to develop a state mobile crisis response system for children and youth. If SGF or 988 fee funds are included in the KDADS budget for next year, those funds would be used to leverage additional federal dollars through Medicaid and the Mental Health Block Grant to help provide adequate access to adults as well. The agency is tracking the progress of HB 2281 and HB 2373.</p> <p>September 2021 Response, KDADS: KDADS continues to be committed to providing mobile crisis response and stabilization services. As one of its community-based 10% FMAP Bump investment projects, KDADS proposes to integrate services for individuals with I/DD into the system being developed for adults and children. This would be accomplished by providing IDD specific training to the mobile crisis network of providers.</p>
36	Policy changes and area expansion for the brain injury (BI) waiver must not create a waiting list on the BI waiver. There is an imminent date for a waiting list and more money is needed to prevent this from happening.	Dr. Janet Williams, Minds Matter LLC; Mike Burgess, Disability Rights Center of Kansas	2/19/2021	KDADS		Potentially would require some Legislative action	<p>April 2021 Response, KDADS: KDADS has formed a workgroup of active stakeholders to review and discuss potential policy changes that impact the management of the BI waiver. Primary focus is on forming a progress review process and strengthening transition planning for waiver participants. In March, the Governor presented a Governor's Budget Amendment (GBA) to add additional funding to the BI waiver budget to avert a waiting list for services. KDADS will provide regular reports to the Committee on its progress.</p> <p>September 2021 Response, KDADS: During the last quarter, KDADS met multiple times with its BI Waiver Policy Workgroup and have developed a preliminary list of recommendations pertaining to progress reviews, transition opportunities, and service rates, among others. KDADS has included additional information in its agency presentation for the committee.</p>

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37	There are significant amounts of uncompensated care in assisted living, home plus, and residential care. There is a gap between when an application is filed, worked, approved, a case manager assigned, and a plan of care is created. During this time, there is no payer source, no retroactivity, and no means to recoup these losses.	Linda MowBray, KHCA/KCAL	2/19/2021	KDHE or KDADS		Continue to monitor	April 2021 Response, KDHE: CMS does not allow the effective date for HCBS eligibility to be prior to the date on which functional eligibility, financial eligibility, and a plan of care are in place. To determine HCBS eligibility as quickly as possible, HCBS applications are prioritized for processing and a provisional plan of care is established so that HCBS eligibility can begin while the full plan of care is being established by the MCO. September 2021 Response, KDHE: No further update available.
38	In the current process, nursing homes can decertify their unused licensed beds, but must do so by a certain date. During this time, they must still pay the bed tax on empty beds until the next fiscal year. However, if nursing homes increased the number of licensed beds, the homes immediately begin paying the prorated bed tax for the new beds. The process should be modified for a nursing home to reduce their number of licensed beds.	Haely Ordoyne, KACE	2/19/2021 4/22/2021	KDHE or KDADS		Potentially would require some Legislative action	April 2021 Response, KDADS: This would require legislative action. September 2021 Response, KDADS: No further updates are available.
39	The HCBS protected income level is requested to be made permanent, indexed at 300 percent of SSI. The HCBS FMAP increase of 10 percent that is part of the American Rescue Plan should be used for services and programs that would directly impact individuals rather than benefit providers. These funds are of course one-time funds and are to "supplement, not supplant" the level of state funds expended for HCBS services for eligible individuals. The HCBS FMAP increase should be used to raise PIL and increase survey frequency for all adult care homes	Ami Hyten; TILRC; Sean Gatewood, KanCare Advocates Network; Margaret Farley, KABC; Lou Ann Kibbee, SKIL Lou Ann Kibbee, SKIL; Margaret Farley, KABC	4/22/2021	KDHE		Would require Legislative action *Combined item	September 2021 Response, KDHE: The protected income level was increased to 300 percent of SSI effective July 1, 2021. KDHE would support legislation that would make this change permanent.

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40	The state hospitals are understaffed continually, the pay rate doesn't allow for getting staff that is competent, caring, and want to work in this field.	Roxanne Hidaka, Case Management Services, Inc.	4/22/2021	KDADS		Would require Legislative action	September 2021 Response, KDADS: KDADS worked with the Office of the Governor, Division of the Budget, and Personnel Services to raise the starting wages for direct care staff, activity therapy, and safety and security staff at KNI, Osawatomie State Hospital and Parsons State Hospital starting in July 2021. Executive Directive 21-537 and 21-538 targeted increases through raising the starting wage for direct care staff by approximately 15%. Those increases have helped recruiting and retention of positions at Parsons State Hospital and Training Center and KNI.
41	A statement of support is needed from the MCOs to approve the crisis request be started. There is considerable discussion between the MCO and I/DD program manager prior to responding to the TCM. This is done without the full documentation of the crisis request, and prior to the TCM presenting the crisis and documentation to the CDDO crisis committee. The CDDO will not consider a request without the statement of support from the MCO. But the MCO states that even without the statement of support, we can pursue the crisis request. When requesting a statement of support from the MCO, we often have to follow-up more than once to our initial request. The process is inconsistent between the CDDO, MCOs, and KDADS. We need a clear set of guidelines, policies, and timelines between all entities.	Roxanne Hidaka, Case Management Services, Inc.	4/22/2021		MCOs		September 2021 Response, UHC: MCOs are expected to fully research a request for a crisis exception, including providing any alternative solutions, prior to making a statement of support in line with KDADS expectations. Regardless of the MCO or the crisis situation, looking into the situation and attempting to find other possible solutions (which is what the state's expectation of the MCOs is) does not take longer and require more ongoing communication than requesting a simple statement of support so that the TCM can submit the request to the CDDO for their review. September 2021 Response, Aetna: Aetna has an Emergency Services System of Care Administrator who functions as a single point of contact for any requests related to I/DD crisis exceptions. The Emergency Services System of Care Administrator works with the Aetna Service Coordinator, Targeted Case Manager, CDDO, and member/guardian to review the request, assess member risk, and research the availability of community resources and services. Once this information has been reviewed, a letter of recommendation is provided to the I/DD Program Manager. Aetna welcomes the opportunity to collaborate and establish a standardized process to ensure crisis requests are addressed timely and consistently.

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41	Item 41 continued	Roxanne Hidaka, Case Management Services, Inc.	4/22/2021		MCOs		<p>August 2021 Response, Sunflower: Sunflower will work with KDADS to determine if a more standardized process is needed across CDDOs, TCMs and MCOs. If so, Sunflower will collaborate with all parties to help develop this.</p> <p>September 2021 Response, KDADS: As KDADS reviews and updates policies and procedures, KDADS will include review of the processes of CDDOs, MCOs, and the agency itself to reconcile and streamline where possible.</p>