

The following information was requested from KDADS at the December 9 and 15 meetings of the Bethell HCBS and KanCare Oversight Committee:

December 9 Requests:

- For January 2021—Fiscal note for cost to move SED children to I/DD waiver when no longer eligible for SED waiver due to aging out. The current approved waiver does not allow for an automatic transition from the SED waiver to the I/DD waiver. The agency does not have any plans to amend the waiver at this time and therefore does not have a fiscal note for this item. With an extensive waiting list for the I/DD waiver, KDADS is not interested in pursuing actions that would increase the wait for individuals with I/DD.
- The total amount in the CMP fund; Current Balance as of 1/4/21: \$4,547,375
- The number of communication devices purchased by the each of the facilities with funding provided through KDADS; and Columns D, E, F, J and K capture the communication devices and visitation aids provided to Adult Care Homes, by facility.
- The amount of PPE received by facilities as compared to the amount ordered. All of the PPE orders through the KDADS portal have been delivered or are in the process of being delivered within the 15 to 20 day timeline that has been in place since the program started in October. Through December 23rd, KDADS has paid for \$19.2 million worth of PPE and infection control supplies for adult care homes in Kansas.

December 15 Requests:

- Total number of individuals we are preventing from going into nursing homes through the PACE program; A chart with the total number of PACE participants is provided below. These individuals are eligible for nursing facility care.

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY ELIGIBILITY INFORMATION											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Number of Participants Eligible in the Month	649	646	658	670	677	688	695	698	684	681	680

- Scott Brunner indicated he would check with KDHE on the following: KDHE (I will forward these questions to KDHE)
 - Regarding labs doing COVID-19 testing in Kansas:
 - There are questions regarding false positives, are all seven regions using the same cycle thresholds?
 - Are the labs open on the weekend?
 - What is the accuracy of the rapid tests? Have heard that the results have a 50-50 accuracy and concerned if rapid test shows a negative but was wrong and was a positive, what kind of position are we putting nursing facilities under that are relying on the false negative?
 - Has all of the money been sent to the labs that was agreed upon in the contract with the State? Where are we with regard to the spending of the \$52 million in SPARK funding? Please provide dollar amount paid to each lab and include start-up money provided to help labs get the capacity rolling.
- Clarification on what is included in the term “long-term care facility”? Does this include nursing homes, assisted living, home plus, others? Which ones are licensed by CMS and which ones by the state?
 KDADS licenses adult care homes under KSA 39-970(a)(1). "Adult care home" means any nursing facility, nursing facility for mental health, intermediate care facility for people with

intellectual disability, assisted living facility, residential health care facility, home plus, boarding care home or adult day care facility that is required to be licensed to operate by the secretary for aging and disability services. All but two nursing facilities or nursing facilities for mental health in Kansas are Medicaid certified, Medicare certified or dually certified with both Medicaid and Medicare. Other adult care homes types identified at KSA 39-970(a) are eligible to receive reimbursement for services for resident's eligible for either Medicare or Medicaid.

CMS does not license adult care homes. Adult care homes enter provider agreements with the federal government or the State Medicaid Agency and agree to meet the conditions of participation for Medicare or Medicaid. Long Term Care Units of a hospital are also Medicaid certified, Medicare certified or dually certified but licensed by the KDHE.

- What is the increase in expenses for HCBS services provided to children with an IEP in their homes instead of at school? How can this increase be recouped from the federal government? The chairperson indicated this was something the State needed to keep an eye on. (Note: This question was also sent to KDHE and the MCOs.) To develop a high-end estimate of the potential cost of Specialized Medical Care and Personal Care Services during remote schooling, KDADS compared the average monthly cost of services to children on the waivers during the summer with average monthly cost of services during the traditional school year. The estimate utilizes June through August of calendar year 2019 as summer services and September through May of calendar year 2019 as the school year comparison. This comparison results in an estimated monthly impact of about \$713,000 or \$6.4 million for the 20-21 school year. It should be noted that this estimate assumes that all kids on the waiver are at home and receiving services similar to those provided during the summer for the entire school year. The estimate is not reduced for members that were or will be in face to face school setting for either part of all of the school year; therefore, this should be viewed as a high-end estimate. Funding will pivot from funding budgeted for Medicaid school services to funding for Medicaid waiver services.